

<b>Case Number:</b>	CM15-0017888		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male who sustained an industrial fall injury to the lower back on August 18, 2014. The injured worker was diagnosed with lumbar and cervical symptoms of radiculopathy and myofascial spine pain. The patient has a history of chronic migraines. A Magnetic resonance imaging (MRI) performed on December 19, 2014 noted L4-5 and L5-S1 facet arthropathy with Grade I listhesis. According to the primary treating physician's progress reports on both the December 2014 and January 20, 2015 the injured worker continues to experience low back pain with tingling of the right arm and leg and numbness of the left arm and leg. Straight leg raise was negative bilaterally with sensation and motor strength equal and within normal limits. Current medications consist of Lidoderm, Gabapentin, Seroquel, Indocin, and Terocin. Treatment modalities consist of chiropractic therapy and medication. The injured worker is on temporary total disability. The treating physician requested authorization for Bilateral L4 and L5 Transforaminal Epidural Steroid Injection (ESI). On January 20, 2015 the Utilization Review denied certification for Bilateral L4 and L5 Transforaminal Epidural Steroid Injection (ESI). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Bilateral L4 and L5 Transforaminal ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (ESIs) Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. According to the most recent progress note dated January 20, 2015, although the injured employee does have a complaint of radicular symptoms in the MRI the lumbar spine does show moderate foraminal stenosis at L4 - L5, there are no abnormal neurological examination findings indicating decreased strength, abnormal sensation, or abnormal reflexes. Considering this, this request for a bilateral transforaminal L4 - L5 epidural steroid injection is not certified.