

<b>Case Number:</b>	CM15-0018405		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<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  
 Certification(s)/Specialty: Emergency Medicine

### 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 59 year old male, who sustained an industrial injury on 10/08/2012. The diagnoses have included lumbar radiculopathy and facet syndrome. Noted treatments to date have included physical therapy, swimming program, left shoulder injections, and medications. Diagnostics to date have included MRI of the lumbar spine dated 06/17/2014 showed L4-L5 facet spurring resulting in narrowing the left lateral recess and abutment of the descending left L5 nerve root and moderate to severe right and mild left foraminal stenosis secondary to facet spurring at L5-S1. In a progress note dated 12/09/2014, the injured worker presented with complaints of midline bilateral low back pain with intermittent right posterior leg, posterolateral leg tingling into the great toe. Objective exam reveals midline back pain at L4-5 and L5-S1 with decreased range of motion. Seated straight leg raise positive on R side to 70degrees with posterior leg pain. No sensory or strength deficit or exam was documented. The treating physician reported the injured worker recently had left shoulder injections times three and the last one had not provided much relief but has no noted back injections. Medication list include cyclobenzaprine, celebrex, gabapentin, omeprazole, amlodipine and norco. Epidural steroid injection was documented as for "reduction in symptoms" and "to confirm diagnosis". Utilization Review determination on 01/21/2015 non-certified the request for Right L4, L5 Transforaminal Epidural Steroid Injection citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46. Decision based on Non-MTUS Citation Low back

**Decision rationale:** This request is being requested as both a therapeutic epidural steroid injection and for diagnostic purposes. It will therefore be assessed as both with more weight being placed to decision concerning therapeutic consideration since that has significantly more preponderance of evidence and guidelines to make determination. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI beyond pain control. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to have undergone physical therapy. No other conservative measures include other 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI with findings but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. There is no appropriate sensory or motor exam. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary. According to Official Disability Guidelines, diagnostic ESI may be considered under certain criteria: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous. 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies. 3) To help to determine pain generators when there is evidence of multi-level nerve root compression. 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive. 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Patient fails criteria. Imaging has specific findings but no electrodiagnostic studies is noted or provided for review. Exam by requesting provider and several other providers are inconsistent. Due to not meeting criteria for therapeutic LESI and poor support for diagnostic LESI, this request for epidural steroid injection is not medically necessary.