

<b>Case Number:</b>	CM15-0111510		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on March 29, 2013. The injured worker was diagnosed as having lumbar stenosis, disc herniation and radiculopathy. Treatment to date has included facet injections and oral medication. A progress note dated May 7, 2015 provides the injured worker complains of low back pain radiating to right buttock and left with numbness and weakness. Physical exam notes lumbar tenderness to palpation and decreased strength and sensitivity to light touch of the right leg and foot. Magnetic resonance imaging (MRI) was reviewed revealing foraminal narrowing and osteophytes. The plan includes root block and possible foraminotomy and facetectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection at right L4-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transforaminal epidural steroid injections at the right L4 - S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar lateral recess; lumbar disc herniation; and lumbar radiculopathy. An MRI was performed. The results showed moderate right neural foraminal narrowing L5 - S1. At L4 - L5 there is moderate circumferential osteophytes with parental narrowing worse on the right. Subjectively, according to a May 7, 2015 progress note, there is right-sided leg pain that radiates to the buttock, thigh and calf. Objectively, there is no significant objective evidence of radiculopathy. The injured worker has received multiple facet joint injections to the lumbar spine. There is no documentation of ongoing physical therapy or conservative treatment to address the subjective radicular symptoms. Consequently, absent clinical documentation with significant clinical evidence of objective radiculopathy, a history of multiple facet joint injections and no conservative treatment (physical therapy), transforaminal epidural steroid injections at the right L4 - S1 are not medically necessary.