

<b>Case Number:</b>	CM15-0113642		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Physical Medicine & Rehabilitation, 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 49 year old male, who sustained an industrial injury on 9/03/2002. Diagnoses include lumbar disc displacement without myelopathy, unspecified major depression recurrent episode, unspecified major depression single episode, neuritis lumbosacral and status post lumbar fusion L4-S1 (12/2008) and status post lumbar laminectomy x2. Treatment to date has included surgical intervention, injections, medications including buprenorphine, Gabapentin, Baclofen, Colace and Dulcolax and psychological care. Magnetic resonance imaging (MRI) of the lumbar spine dated 6/06/2014 showed postsurgical changes, degenerative disease and disc bulge. Per the Primary Treating Physician's Progress Report dated 4/20/2015 the injured worker reported chronic increasing low back pain with radiation to the left lower extremity. Physical examination of the lumbar spine revealed an antalgic gait, and a well-healed surgical scar. There was spasm and guarding of the lumbar spine with decreased flexion and extension. Straight leg raise was positive on the right and left. The plan of care included injections and authorization was requested for one bilateral transforaminal epidural steroid injection at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral transforaminal lumbar epidural steroid njection at L4-L5 and L5-S1 with each additional level, lumbar epiduragram, IV sedation, fluoroscopic guidance and contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** Regarding the request for One (1) bilateral transforaminal lumbar epidural steroid injection at L4-L5 and L5-S1 with each additional level, lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at each of the proposed injection levels. Additionally, there are no imaging or electro diagnostic studies corroborating the diagnosis of radiculopathy at each of the proposed injection levels. Finally, it is unclear why an epidurogram would be needed. Diagnostic studies are generally recommended when medical decision-making will be based upon the outcome, and there is no statement indicating what sort of decision-making will be based upon the outcome of the epidurogram. In the absence of clarity regarding those issues, the currently requested One (1) bilateral transforaminal lumbar epidural steroid injection at L4-L5 and L5-S1 with each additional level, lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast is not medically necessary.