

<b>Case Number:</b>	CM15-0115342		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

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 30 year old female, who sustained an industrial injury on 10/31/2011, as a result of lifting bags at a checkout stand. The injured worker was diagnosed as having lumbago, cervicalgia, lumbar radiculopathy, and degeneration of lumbar/lumbosacral intervertebral disc. Treatment to date has included diagnostics, unspecified lumbar spinal surgery, physical therapy, and medications. Most recently (3/06/2015), the injured worker complains of low back pain with radiation to both legs, rated 5/10 on average and 7/10 at present. Pain was improved by medications and physical therapy. Current medications included Norco and Fentanyl. Exam of the lumbar spine noted pain over the lumbar intervertebrals and painful range of motion. Motor and sensory exams did not note any deficits. She was prescribed Norco, Neurontin, and Tizanidine. A progress note detailing the treatment plan for a lumbar transforaminal epidural steroid injection under fluoroscopy was not noted. Her work status was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal ESI (epidural steroid injection) under fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

**Decision rationale:** The claimant sustained a work injury in October 2011 and continues to be treated for radiating back pain. When seen, pain was rated at 10/10. There was decreased lumbar spine range of motion with decreased left ankle reflex. There were no strength or sensory deficits in straight leg raising was negative. The claimant has had lumbar spine surgery. There were no postoperative imaging or electrodiagnostic test results submitted. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a decreased left ankle reflex and the claimant has radicular symptoms. However, there were no corroborating imaging or electrodiagnostic test results submitted. Additionally, criteria also include that no more than two nerve root levels be injected using a transforaminal approach. In this case, the number of levels and side(s) were not specified. The request cannot be accepted as being medically necessary.