

<b>Case Number:</b>	CM15-0116968		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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:

This 28-year-old male sustained an industrial injury to the low back on 6/25/14. Magnetic resonance imaging lumbar spine (8/28/14) showed L5-S1 disc desiccation and facet arthropathy with a small left paracentral disc protrusion and mild to moderate bilateral foraminal narrowing. Previous treatment included magnetic resonance imaging, physical therapy and medications. In an interventional anesthesia pain management consultation dated 5/21/15, the injured worker complained of low back pain with radiation to the left lower extremity, rated 4/10 on the visual analog scale. The physician noted that the injured worker had had an acute flare-up of pain on 4/23/15 necessitating a visit to the Emergency Department. Physical exam was remarkable for lumbar spine with tenderness to palpation at the left peri-facet with pain upon flexion, extension and rotation, positive left straight leg raise test, normal strength and normal reflexes. Current diagnoses displacement of lumbar intervertebral disc without myelopathy, sciatica and low back pain. The treatment plan included transforaminal epidural steroid injection at left L5-S1 times two and continuing current diagnoses included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 transforaminal epidural steroid injection x2: 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 left L5-S1 times 2 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, non-steroidal anti-inflammatories 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 radiculopathy. The date of injury is June 25, 2014. Request for authorization is dated May 7, 2015. A progress note dated May 18, 2015 shows the injured worker subjectively complains of low back pain that radiates to the left lower. Reportedly, the MRI showed L5 - S1 disc protrusion. There is no MRI report in the medical record. Subjectively, the injured worker has 4/10 pain. Objectively, there is no neurologic evaluation with objective evidence of radiculopathy. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies are electrodiagnostic testing. Radiculopathy is not documented on physical examination. Consequently, absent clinical documentation with objective evidence of radiculopathy, transforaminal epidural steroid injections left L5-S1 times 2 are not medically necessary.