

<b>Case Number:</b>	CM15-0117070		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/02/2015
<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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female, who sustained an industrial injury on March 2, 2011. The injured worker reported fall. The injured worker was diagnosed as having failed lumbar spine surgery syndrome, low back pain and lumbar radiculopathy. Treatment to date has included surgery, magnetic resonance imaging (MRI), therapy and medication. A progress note dated May 14, 2015 provides the injured worker complains of low back pain reported to be 9/10 at the worst and averaging 8/10 in the last week. She reports medication helps some and that sleep is disturbed due to pain. Physical exam notes a slow stiff gait and lumbar tenderness with very restricted range of motion (ROM). The plan includes epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal lumbar epidural steroid injection at L4-L5:** Overturned

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

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

**Decision rationale:** The patient presents with lumbar radiculopathy. The current request is for bilateral transforaminal lumbar epidural steroid injection at L4-5. The treating physician states, "The findings on examination as documented with clarity also have been exacerbation of her symptomatology, again extremely reasonable for moving forward with an epidural injection for inflammatory relief." (6C) The MRI report from 3/15/15 (6C) shows that there is a 7mm anterolisthesis, central canal narrowing, and moderate bilateral foraminal narrowing at L4-5. The MTUS guidelines state that radiculopathy must be documented and the patient must have failed to respond to conservative treatment. In this case, the treating physician has documented radiculopathy and that the patient has been unresponsive to treatment such as medication. There is no documentation that this patient has previously received a lumbar ESI. The current request is medically necessary.