

<b>Case Number:</b>	CM15-0176921		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Pennsylvania, Ohio, California  
 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 58 year old male, who sustained an industrial-work injury on 1-27-12. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease (DDD), lumbar Herniated Nucleus Pulposus (HNP), and bilateral chronic lumbar radiculopathy. Medical records dated (5-27-15 to 7-29-15) indicate that the injured worker complains of low back, buttock and leg pain. The pain is a flare up of sciatica leg pain at times and complaints of insomnia due to pain. The physician indicates that the pain is chronic and "moderate to severe pain without pain relievers." The injured worker reported in the medical record dated 7-29-15 that the last epidural steroid injection (ESI) dated 10-2014 helped the low back and leg pain and is now wearing off. The injured worker states that the chronic pain symptoms are stable. The medical record dated 8-11-15 the injured worker reports relief of pain from epidural steroid injection (ESI) for at least 6-8 months and is requesting another series. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-11-15, the injured worker is permanent and stationary. The physical exam dated from (7-1-15 to 8-11-15) reveals lumbar spasms, straight leg raise is positive for back and buttock pain, lumbar tenderness to palpation at L4-S1, mild tenderness at midline, mild to moderate tenderness over L4-S1 over the paraspinal region. There is tenderness to palpation over the posterior superior iliac spine (PSIS) and buttock tenderness. The lumbar range of motion is self-guarded and forward flexion is 30-40 degrees and extension is 10 degrees. There is chronic numbness over the right calf and right foot at L5-S1 distribution. Treatment to date has included pain medication including Norco, Lidoderm patch, Neurontin

and Naprosyn , lumbar epidural steroid injection (ESI) at L5-S1 in February 2014 and October 2014 which helped greatly, acupuncture at least 6 sessions, diagnostics, physical therapy trial and cannot tolerate it due to increased pain, and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 4-24-13 reveals posterior disc bulges with mild to moderate central canal narrowing and mild neural foraminal narrowing. The medical record dated 7-29-15 the physician indicates that the EMG-NCV (electromyography and nerve conduction velocity) testing that was performed in 2013 reveals "bilateral chronic active L5 radiculopathy." The request for authorization date was 8-21-15 and requested service included bilateral transforaminal lumbar epidural steroid injection with moderate sedation, under fluoroscopy. The original Utilization review dated 8-28-15 non-certified the request as the level for injection was not specified in clinical nor was it specified from previous 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 with moderate sedation, under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The request in this case is not specific with regard to the level at which an ESI has been requested; without such information it is not possible to apply a guideline. Therefore, this request is not medically necessary.