

<b>Case Number:</b>	CM15-0177823		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on 05-22-2007. The injured worker is currently employed. Medical records indicated that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, and insomnia. Treatment and diagnostics to date has included lumbosacral spine surgery, home exercise program, transforaminal selective nerve root block, epidural steroid injection, and medications. Current medications include Ultram, Norco, Soma, Edluar, Amitriptyline, Prilosec, and Zofran. Progress note dated 05-18-2015 stated that MRI on 05-12-2015 showed that "findings were consistent with L3-4 posterior ligamentous hypertrophic changes with a 12mm disk bulge L4-5". In a progress note dated 07-07-2015, the injured worker reported a history of chronic back pain rated 7 out of 10 on the pain scale. The treating physician stated that the injured worker had 25% improvement from L4-5 TFSNRB (transforaminal selective nerve root block) on 06-29-2015 and that his pain shifted to left. Objective findings included positive right sided straight leg raise test, abnormal gait, and tenderness of the lumbar paravertebral muscles. The Utilization Review with a decision dates of 08-10-2015 non-certified the request for left L4-5 SNRB (selective nerve root block).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5 TFSNRB:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections (ESIs).

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without strong objective imaging corroboration with symptoms, and the recent physical exam findings listing improvement in low back and neurologic complaints, the request for epidural steroid injection cannot be considered medically necessary at this time.