MAXIMUS Federal Services

| Case Number: | CM15-0179334 | | |
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| Date Assigned: | 09/21/2015 | Date of Injury: | 11/07/2013 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

## 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:

This 56 year old male sustained an industrial injury on 11-7-13. Documentation indicated that the injured worker was receiving treatment for chronic low back pain. Previous treatment included physical therapy, an epidural steroid injection, medial branch blocks, radiofrequency ablation and medications. Past medical history of was significant for sleep apnea on continuous positive airway pressure (CPAP) and drug and alcohol abuse. In a visit note dated 8-12-15, the injured worker complained of ongoing back pain with radiation into bilateral leg associated with numbness and tingling as well as right wrist and hand pain. The injured worker rated his pain 4 out of 10 on the visual analog scale without medications and 2 out of 10 with medications. The injured worker stated that he got 75% relief of symptoms from previous transforaminal epidural steroid injection at L5-S1 (3-17-14) that lasted 3 to 4 months. The physician documented that magnetic resonance imaging lumbar spine (1-16-14) showed multilevel degenerative disc disease with bulging and herniated discs with annular tears, spinal canal stenosis and facet arthropathy. The disc at L6-S1 abutted the left S1 nerve root. Physical exam was remarkable for lumbar spine with tenderness to palpation to the left paraspinal musculature, restricted range of motion with flexion 60 degrees, extension 10 degrees, positive right straight leg raise, 4 out of 5 strength to the right extensor hallucis longus and left ankle dorsi flexor and bilateral hip flexors and decreased sensation to the right foot. The injured worker could not walk on heel or toes. The injured worker walked with a slowed gait without the use of assistive devices. The physician documented that the injured worker had worsening radicular pain with low back pain radiating into the right leg. The physician noted that the injured worker had been off opiates since lumbar

radiofrequency ablation in July 2014. The treatment plan included continuing medications (Gabapentin and Celebrex) and requesting authorization for right L5 and S1 transforaminal epidural steroid injections. On 8-21-15, Utilization Review noncertified a request for a right L5 and S1 transforaminal lumbar epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right L5 and S1 transforaminal lumbar epidural injection:** 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 records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Moreover the records contain only limited detail regarding the nature of past epidural injection treatment to support a repeat injection. For these multiple reasons, this request is not medically necessary.