

<b>Case Number:</b>	CM15-0026216		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: 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 43 year old male, who sustained an industrial injury on 7/5/2012. The current diagnosis is low back pain with right L5 and S1 radiculopathy. Currently, the injured worker complains of low back and right leg pain. She describes constant achy with occasional sharp low back pain, with radiation to the right buttock, right posterior leg into the right foot. The pain is rated 7/10 on a subjective pain scale. The physical examination reveals tenderness of the right low back. There is a positive dural tension sign, right leg in an L5-S1 distribution. Treatment to date has included medications, e-stim, 9 sessions of physical therapy, home exercise and stretching program, and heat therapy. MRI of the lumbar spine shows multilevel degenerative disc and facet disease with congenital stenosis of the lower lumbosacral spinal canal. There is moderate spinal stenosis at L4-5 and L5-S1. There is moderate bilateral L5-S1 foraminal stenosis. The treating physician is requesting transforaminal lumbar epidural steroid injection right L5-S and S1, which is now under review. On 1/23/2015, Utilization Review had non-certified a request for transforaminal lumbar epidural steroid injection right L5-S and S1. The California MTUS Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009 MTUS Epidural Steroid Injection, page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the low back and right leg pain. The current request is for Transforaminal Epidural Steroid Injection. The treating physician report dated 1/6/15 (76B) states, "(The patient) presents with symptoms from right L5 and S1 radiculopathy. Physical exam findings include positive dural tension sign in an L5-S1 dermatomal pattern and hypoesthesia in right lateral thigh. Oral medications have proven ineffective. Symptoms have been refractory to various other conservative measures as mentioned above. At this point, recommendation is to proceed with a right L5-S1 and S1 epidural steroid injections in efforts to alleviate her symptoms and effect return her back to work." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient does present with radicular pain which is corroborated by imaging studies but the current request does not specify a location of the injection. The treating physician report dated 1/6/15 does note that the ESI is to be performed at the L5-S1 level but without a specific location specified in the current request, it does not satisfy the MTUS guidelines. Recommendation is for denial.