

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0070061 |                              |            |
| <b>Date Assigned:</b> | 04/17/2015   | <b>Date of Injury:</b>       | 05/20/1994 |
| <b>Decision Date:</b> | 05/26/2015   | <b>UR Denial Date:</b>       | 04/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/14/2015 |

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59 year old male who sustained an industrial injury on 5/20/94. He has reported initial complaints of left side back pain after a fall at work. The diagnoses have included lumbar degenerative disc disease, thoracic spine pain, back pain, lumbar radiculopathy and spinal stenosis with neurogenic claudication. Treatment to date has included medications, activity modifications, conservative measures and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and x-rays of the lumbar spine. The current medications included Norco for pain. Currently, as per the physician progress note dated 3/25/15, the injured worker complains of low back pain that has been unchanged with numbness, pins and needles, aching, burning and stabbing. The pain radiates down the left leg. The pain was rated 4/10 on pain scale with 6/10 average and 10/10 at worst and 2/10 at best. Physical exam of the lumbar spine revealed severe tenderness and positive straight leg raise on the left. The physician noted that the symptoms were all left sided and in review of the MRI dated 3/24/15 there was severe stenosis on the left side. The physician requested treatment included 1 Left L4-5 and L5-S1 Transforaminal Lumbar Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left L4-5 and L5-S1 Transforaminal Lumbar Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and T have failed. The record show subjective, objective and radiological findings consistent with the diagnosis of left lumbar radiculopathy. The patient had completed but failed conservative treatments with medications and PT. The criteria for left L4-L5, L5-S1 transforamina epidural steroid injection was met. Therefore, the request for 1 Left L4-5 and L5-S1 Transforaminal Lumbar Injection is medically necessary.