

<b>Case Number:</b>	CM15-0075204		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 34-year-old male, who sustained an industrial injury on 5/15/2012. He reported low back and left leg pain from a fall. The injured worker was diagnosed as having lumbar radiculopathy, and lumbago. Treatment to date has included medications, x-rays, acupuncture, and magnetic resonance imaging. The request is for a transforaminal injection of left lumbar L5-S1 and S1. On 3/19/2015, he indicated he sleeps 5 hours per night. He reported low back and upper right shoulder pain rated 5-6/10 with medications and 8-9/10 without medications, with an average pain level of 8-9/10. On 4/1/2015, complained of low back and left leg pain. His pain level is not rated. He had a negative straight leg raise test. The treatment plan included an epidural injection at left L5-S1 and S1. The records indicate he attended acupuncture. He reported Norco to be helpful to his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tranforaminal injection of left lumbar spine at L5-S1,S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electro diagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing pain lower back pain that went into the left leg, problems walking, and problems sleeping. There documented examination findings and imaging were not consistent with an active lower back radiculopathy at the levels requested at the time of the request. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for transforaminal epidural steroid injections at the left side of the L5 and S1 levels is not medically necessary.