

<b>Case Number:</b>	CM15-0098590		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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

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 (IW) is a 53-year-old female who sustained an industrial injury on 07/25/2011 due to a fall. Diagnoses include lumbar disc degeneration, lumbar disc herniation without myelopathy, lumbar stenosis and lumbar spondylosis without myelopathy. Treatment to date has included medications, aqua therapy, lumbar epidural steroid injections and physical therapy. According to the progress notes dated 4/21/15, the IW reported back pain radiating down the right anterior thigh and medial calf to the foot. The notes stated her medications were working well, but her activity level was unchanged and her quality of life was worse. On examination, the lumbar spine was tender to palpation over the spinous processes and the sacroiliac spine. Range of motion was restricted due to pain. Facet loading was positive bilaterally, straight leg raise was positive on the right and FABER's test was positive. A request was made for bilateral L5-S1 transforaminal lumbar epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 transforaminal lumbar epidural injections, per 4/21/15 order: 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 ESI  
Page(s): 46-47.

**Decision rationale:** The patient was injured on 07/25/11 and presents with back pain radiating from the lower back to the anterior thigh and medial calf to the instep low back including postero-lateral thigh and calf including the lateral, bottom, and dorsal aspect of the foot. The request is for bilateral L5-S1 transforaminal lumbar epidural injections. The RFA is dated 04/23/15 and the patient's work status is not provided. There is no documentation of any prior ESI's the patient may have had and there is no MRI of the lumbar spine provided. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The reason for the request is not provided. The patient has a limited lumbar spine range of motion, spinous tenderness at L4 and L5, a positive lumbar facet loading on both sides, a positive straight leg raise on the right side, a positive FABER test, and tenderness over the sacroiliac spine. The patient is diagnosed with lumbar disc degeneration, lumbar disc herniation without myelopathy, lumbar stenosis, and lumbar spondylosis without myelopathy. Review of the reports does not indicate if the patient had a prior ESI of the lumbar spine. In this case, although the patient appears to present with dermatomal distribution of radicular symptoms, there are no corroborating imaging studies showing a potential nerve root lesion to consider an ESI. Therefore, the requested transforaminal lumbar epidural injection IS NOT medically necessary.