

<b>Case Number:</b>	CM15-0099537		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Emergency 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 67 year old male, who sustained an industrial injury on April 25, 2000. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, long term/current use of other medications, cervical spondylosis without myelopathy, and lumbar spondylosis. Treatment to date has included x-rays, MRI, physical therapy, steroid joint injections, and medication. Currently, the injured worker complains of bilateral leg pain, lower back pain with pain radiating down to the toes. The Treating Physician's report dated April 20, 2015, noted the injured worker reported the pain without medications was 10/10 on average and with pain medications 5/10 on average, with the pain improving with medications. The injured worker's current medications were noted to include Lyrica, Norco, Trazodone, Lisinopril, and Pamelor. Physical examination was noted to show pain with lumbar spine range of motion (ROM) testing, with tenderness to palpation over the lumbar facet joints. The treatment plan was noted to include stopping the Norco, refilling Lyrica, and starting Percocet, and a right lumbar sacral transforaminal epidural.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Sacral Transforaminal Epidural to right L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs).

**Decision rationale:** The requested 1 Sacral Transforaminal Epidural to right L5, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)," and recommend repeat injections with documented at least 50% relief for at least six to eight weeks. The injured worker has pain without medications was 10/10 on average and with pain medications 5/10 on average, with the pain improving with medications. The injured worker's current medications were noted to include Lyrica, Norco, Trazodone, Lisinopril, and Pamelor. Physical examination was noted to show pain with lumbar spine range of motion (ROM) testing, with tenderness to palpation over the lumbar facet joints. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy, nor percentage and duration of relief from previous injections. The criteria noted above not having been met, 1 Sacral Transforaminal Epidural to right L5 is not medically necessary.