

<b>Case Number:</b>	CM13-0008818		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38-year-old male who reported a work-related injury on 6/6/12 after lifting a king size mattress off of a conveyer belt. The patient complained of low back pain. A lumbar MRI on 7/2/12 demonstrated minimal hypertrophic face changes and a possible bilateral pars defect. Subsequent x-rays revealed the pars defect was not found. An MRI of the lumbar spine dated 11/25/13 revealed no visualized nerve root compression, disc herniation, or bony central canal narrowing with patent neural foramina. Mild central canal narrowing/thecal sac effacement was noted at L4-5 and L5-S1 with a possible chronic pars defect of L5 bilaterally. Electrodiagnostic studies revealed electrodiagnostic evidence of a lumbosacral radiculopathy at the right and left L5 and S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for selective bilateral transforaminal epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Recent clinical documentation stated that the patient had decreased lumbar flexion and grossly positive sciatic notch tenderness. His lower extremity motor and sensory revealed right-sided quad and left-sided hamstring weakness and the patient had weakness in both tibialis anterior muscles. His diagnosis was listed as lumbar radiculopathy with lower extremity weakness. The California Chronic Pain Medical Treatment Guidelines state criteria for the use of epidural steroid injections includes that the patient must be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs and muscle relaxants. There was no evidence given the patient had recently failed conservative treatment. Furthermore, the patient's MRI does not reveal any nerve root compression, disc herniation or bony central canal narrowing. Guideline criteria further state that radiculopathy must be documented by physical examination and corroborated by imaging studies. There were no clear cut findings of radiculopathy that would identify specific nerve compromise on the patient's physical exam. The patient was not noted to have sensory or motor loss in a specific dermatome or myotome per guideline criteria for epidural steroid injections. Physical exam of the patient revealed only some right-sided quad and hamstring weakness with decreased lumbar flexion and positive straight leg raising. In addition, the level to be injected in the patient was not noted in the request. Given the above, the decision for selective bilateral transforaminal epidural steroid injection is non-certified.