

<b>Case Number:</b>	CM13-0011043		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 08/21/2009. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, a home exercise program, massage therapy, and medications. The patient underwent an MRI that noted there was no central canal stenosis, lateral recess or neuro foraminal stenosis at the L1-2. The patient's most recent clinical examination findings document that the patient has diminished sensation along the left L3 and L5 distributions with a positive Patrick Faber's test and a positive left-sided straight leg raising test with limited lumbar range of motion secondary to pain. The patient's treatment plan included continuation of medications, additional physical therapy and a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The requested treatment for a Transforaminal Epidural Steroid Injection to the left L1 and L2: 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 requested transforaminal epidural steroid injection at the left L1-2 is not medically necessary or appropriate. California Medical Treatment Guidelines recommends the use of an epidural steroid injection to assist with alleviation of pain for patients who have documentation of physical findings of radicular symptoms that are corroborated by an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence of physical findings of radicular symptoms in the L1-2 distributions. Additionally, the submitted MRI provides normal findings for the L1-2 level. Therefore, a transforaminal epidural steroid injection at the L1-2 level is not indicated. As such, the requested transforaminal epidural steroid injection to the left L1-2 is not medically necessary or appropriate.