

<b>Case Number:</b>	CM13-0013583		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 and Pain Medicine 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 46-year-old male who reported an injury on 03/11/2013. The mechanism of injury was not provided. The patient was noted to have an MRI on 07/30/2013, which revealed the patient had at L4-5 a 2.5 mm disc bulge and at L5-S1, the patient had a 6 mm focal left foraminal disc protrusion with consequent moderate to severe left foraminal stenosis. The diagnoses were noted to include lumbar disc protrusion, lower back pain, and thoracic or lumbosacral neuritis or radiculitis unspecified. The request was made for a left sided transforaminal epidural steroid injection with epidurography at L4-5 and L5-S1 of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sided transforaminal epidural steroid injection with epidurography @ L4-5, L5-S1:**  
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:** The California MTUS Guidelines recommend for an Epidural Steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The patient was noted to have ankle dorsiflexion tibialis anterior strength of 4/5 and great toe extensor hallucis longus 4/5. The patient was noted to have motor strength on the left at the plantar flexion gastrocnemius 4/5 and ankle eversion 4/5. The patient was noted to have decreased sensation on the lateral leg and dorsum of the foot at L5 and decreased sensation on the sole of the foot and posterior leg at S1 and L4 was noted to be normal. The supine straight leg raise test was noted to be positive. The clinical documentation submitted for review, while indicating the patient had had findings of radiculopathy on the left side, failed to provide the patient had radiculopathy at the L4 level. Additionally, the MRI failed to provide the patient had radicular components at the L4 level. Given the above, the request for a left sided transforaminal epidural steroid injection with epidurography @ L4-5, L5-S1 of the lumbar spine is not medically necessary.