

<b>Case Number:</b>	CM13-0014657		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/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 injured worker is a 26 year old female who reported an injury on 12/03/2012 due to a slip and fall. On 08/02/2013, she reported pain rated at 5/10. She noted decreased pain in her lower back with medications. A physical examination of the lumbar spine showed diffuse tenderness noted to palpation over the lumbar paraspinal muscles and moderate facet tenderness along the L4 through S1 levels. Sacroiliac tenderness, Fabere's/Patrick, Sacroiliac thrust test, Yeoman's test, and Straight leg raise was positive bilaterally. Range of motion was noted as bilaterally 20 degrees with lateral bending, flexion 60/70 degrees and extension 10/20 degrees. There was also decreased sensation noted in the L4 dermatomes bilaterally and the L5 dermatome on the right, strength and reflexes were not tested. An MRI of the lumbar spine performed on 01/18/2013 revealed a 4mm right paracentral sub ligamentous extruded disc herniation with a tear in the inferior annular fibers of the L4-5 disc space and a right paracentral protrusion/sub ligamentous extruded disc herniation at L5-S1, with no compromise of the nerve roots or foraminal narrowing. An NVC performed on 04/26/2013 showed no evidence of peripheral neuropathy, but a left active L4 denervation (clinically-radiculopathy) by electro diagnostic criteria. Her diagnoses were listed as lumbar disc disease, lumbar radiculopathy, and bilateral sacroiliac joint discopathy. Prior treatment included physical therapy, chiropractic therapy, oral medication, rest and home exercise. The treatment plan was for transforaminal epidural steroid injections at bilateral L4-L5 and the right L5-S1. The request for authorization form was not provided. The rationale for treatment was due to the fact that the injured worker failed conservative treatment and the EMG/NCV finding of L4 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL EPIDURAL STEROID INJECTIONS AT BILATERAL L4-L5 AND THE RIGHT L5--S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for transforaminal epidural steroid injections at bilateral L4-L5 and the right L5-S1 is not medically necessary. The injured worker was noted to have clinical signs of radiculopathy including decreased sensation and positive straight leg raising. The California MTUS guidelines state that for an epidural steroid injection radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, injections should be performed using fluoroscopy for guidance. Per the provided documentation the injured worker has a positive straight leg raise bilaterally and there was decreased sensation noted in the L4 dermatomes bilaterally and the L5 dermatome on the right; however, strength and reflexes were not tested. The clinical information documented did indicate possible signs of radiculopathy, however, the previous MRI did not find evidence of radiculopathy such as nerve root compromise or foraminal narrowing. An NCV performed on 04/26/2013 did find radiculopathy at the L4 level. It was noted that the injured worker failed conservative treatment with physical therapy, chiropractic therapy, oral medications, and rest, and home exercise. However, the injured worker reported decreased lower back pain with medications per the note dated 08/02/2014. The injured worker's strength and reflexes were not assessed in order to help further demonstrate neurologic deficit. In addition, it was not stated if fluoroscopy would be used for guidance. The request is not supported by the guideline recommendations. As such, the request is not medically necessary.