

<b>Case Number:</b>	CM13-0019277		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Medicine 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 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.

### 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 57-year-old male who reported an injury on 12/02/2010. The patient has a history of low back pain radiating to the left buttocks. The patient had been treated with medication management, SI joint injection, and lumbar facet procedures. The patient was noted to have 4+/5 lower extremity motor strength and decreased sensation in the left L5 dermatome. Notes indicate the patient has MRI evidence of bilateral lumbar spondylosis at L5-S1. The patient was noted to have current diagnosis to include lumbar disc protrusion, facet joint arthropathy, degenerative disc disease, and radiculopathy. Current proposed treatment is 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:

**Anesthetic or steroid transforaminal epidural injection:** 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 (ESI) Page(s): 46.

**Decision rationale:** California MTUS Guidelines recommend lumbar epidural steroid injections for patients with documented radiculopathy on physical examination corroborated by imaging and/or electrodiagnostic studies. California MTUS Guidelines also recommend patients be

initially unresponsive to conservative care. The medical records submitted for review indicates that the Final Determination Letter for IMR Case Number CM13-0019277 3 employee has low back pain radiating to the left buttocks with 4+/5 lower extremity motor strength. However, there is a lack of documentation of imaging and/or electrodiagnostic studies to corroborate the employee's physical exam findings. The MRI submitted for review was from 12/2006 that was essentially unremarkable. Recent notes indicate the employee has been recommended for an updated MRI. However, no recent imaging study was submitted for review. Given the employee's multiple dermatomal findings and lack of an updated imaging study to assess pathology, an epidural steroid injection would be premature at this time. Furthermore, the request as written does not identify the proposed treatment level. The request for a transforaminal ESI is not medically necessary and appropriate.