

<b>Case Number:</b>	CM13-0023395		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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, 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. 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 73-year-old female who reported an injury on 6/8/10. The patient is diagnosed with lumbar spine radiculopathy and spondylolisthesis with retrolisthesis. The patient was seen by [REDACTED] on 7/2/13. The patient reported ongoing lower back pain. Physical examination revealed negative straight leg raising bilaterally, positive Lasegue's testing on the left, decreased sensation at L5-S1 dermatomes, and moderate tenderness in the left lower back over the lumbar facet joints with 2+ muscle spasm. Treatment recommendations included a transforaminal epidural steroid injection under fluoroscopic guidance and conscious sedation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**transforaminal epidural steroid injection at left L4-5:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitative efforts. Radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the patient has previously undergone an epidural steroid injection. Documentation of at least 50% pain relief with associated reduction of medication use for 6-8 weeks following the initial injection was not provided. Furthermore, there is no documentation of a recent failure to respond to conservative treatment, nor is there evidence of this patient's active participation in a rehabilitation or therapeutic exercise program to be used in conjunction with injection therapy. Based on the clinical information received, the request is noncertified.