

<b>Case Number:</b>	CM13-0025308		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Occupational 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 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:

Patient is a 42 year-old male with date of injury 02/26/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/09/2013, lists subjective complaints as pain in the lower back which radiates down both legs. Patient claims pain has gotten progressively worse. Objective findings: 1. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with associated stiffness and joint pain. Neurological examination of the lower extremities was notable for weakness, bilaterally. Diagnosis: 1. Low back pain 2. Abdominal pain 3. Constipation 4. Insomnia 5. Sexual dysfunction 6. Depression. Patient underwent an MRI of the lumbar spine dated 09/12/2012, which was notable for a loss of disc height and disk desiccation at L5-S1 level with moderate anterior hypertrophic changes. There is a 5mm central posterior disc protrusion/extrusion causing pressure over the anterior aspect of the thecal sac. The patient's pain management history is significant for radiofrequency neurotomy on the right at L3, L4, L5, and the sacral branch on 08/23/12. Prior to that he had had several medial branch blocks on the right as well. According to an AME report, the patient has had a prior lumbar epidural steroid injection which provided minimal relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT THE BILATERAL L4-L5 WITH FLUOROSCOPY AND MYELOGRAPHY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the MTUS, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The first criteria for the use of an epidural steroid injection is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical record fails to document any of the above. The request is not medically necessary.