

<b>Case Number:</b>	CM13-0030431		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/20/2000
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Illinois. 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 female who reported an injury on November 20, 2000. The mechanism of injury information was not provided in the medical records. The patient is diagnosed with lumbar disc degeneration, and chronic back pain. The MRI, dated May 18, 2009, revealed a central disc which was effacing subarachnoid fluid narrowing the intervertebral foramina and at least abutting the thecal sac. The most recent clinical note dated September 06, 2013 reported the patient continued to complain of midline lower back pain rated 6-7/10, with no reported radicular pain. Upon physical examination, there was noted full range of motion to lumbar spine, motor strength of 5/5 to bilateral lower extremities, normal sensations bilaterally, and negative straight leg raise bilaterally. The patient's gait was normal and done without pain. The patient was ordered to continue home exercise program, remaining physical therapy sessions, and medication management as ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopic Guided Epidural Injection at the right L4-L5, L5-S1 Transforaminal vs. L4-L5 Translaminar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The California MTUS states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. There is insufficient amount of documentation to support the medical necessity for the requested service. All clinical findings upon the patients last documented clinical assessment were within normal range, without the documentation of radiculopathy. As such, the request for fluoroscopic guided epidural injection at the right L4-5, L5-S1 transforaminal vs. L4-5 Translaminar is non-certified.