

<b>Case Number:</b>	CM13-0033094		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/05/1994
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Management and is licensed to practice in California and Texas. 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 67-year-old male who reported an injury on 06/05/1994. The patient is currently diagnosed with chronic pain syndrome, post laminectomy syndrome, lumbosacral spondylosis without myelopathy, sacroiliitis, and periodic limb movement disorder. The patient was recently seen on 08/26/2013. The patient reported ongoing lower back pain. Physical examination revealed positive straight leg raising on the left, tenderness over the mid lumbar facets on the left, positive facet loading maneuver on the right, restricted and painful range of motion, decreased sensation over the left S1 dermatome and L4 dermatome with weakness on the left. Treatment recommendations included continuation of current medications and a left transforaminal epidural steroid injection - S1

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection, Anesthetic Agent and/or Steroid, Transforaminal Epidural, with Imaging Guidance (Fluoroscopy or CT); Lumbar or Sacral, Single Level: Upheld**

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient does demonstrate positive straight leg raising, with decreased sensation and weakness on the left. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Additionally, the patient underwent a previous epidural steroid injection. Although it is noted that the patient reported 50% pain relief, there was no documentation of objective measurable improvement. There was no change in the patient's physical examination, and the patient remains on Norco 10/325 mg, Fentanyl 25 mcg, Celebrex 200 mg, and Lyrica 50 mg. There is no evidence of a recent failure to respond to conservative treatment including a course of physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.