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| <b>Case Number:</b>   | CM13-0033235 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 12/10/2012 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 09/20/2013 |
| <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 Florida. 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 employee is a 25-year-old female who complained of lower back pain on 12/10/12. The employee stated the pain radiated down her left thigh. An MRI revealed mild disc desiccation at L5-S1. The employee had decreased L4 and L5 dermatome sensation. Her deep tendon reflexes were hyperreflexic over the left knee and ankle. Physical examination revealed positive straight leg raise, tenderness over the lumbar spine and antalgic gait. The employee was recommended for physical therapy and conservative treatment with medications.

### 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 L4, L5 and S1, left side:** 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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The guidelines pertaining to epidural steroid injections state that radiculopathy must be corroborated with imaging studies. Although physical examination revealed radiculopathy at the L4-L5 dermatome, this finding is not corroborated with MRI findings. The employee was unable to complete electromyography. The guidelines further state

the employee must be unresponsive to conservative treatment. In this case, the employee was recommended for physical therapy but no documentation was provided demonstrating that the employee completed the treatment. Further, the submitted documentation does not document the employee's response to medications. The requested transforaminal epidural steroid injection at L4, L5 and S1, left side is not medically necessary and appropriate.