

<b>Case Number:</b>	CM13-0033767		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Oklahoma 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 was a 61 year old female who on 09/10/2013 complained of low back pain which she rated 4 to 8 out of 10 dependent on activity level. It was noted that the patient had an MRI and electromyography (EMG)/nerve conduction velocity (NCV) completed in October 2012. The MRI findings L4-5 anterolisthesis and 2mm circumferential disc protrusion resulting in abutment of the exiting right and left L4 nerve roots. As well as moderate facet arthropathy with mild central canal stenosis. The EMG study showed no electrical evidence of peripheral neuropathy or mononeuropathy affecting the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 and right L5-S1 transforaminal epidural steroid injections x 2: Upheld**

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

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

**Decision rationale:** The request for right L4-L5 and right L5-S1 transforaminal epidural steroid injections x 2 is non-certified. The patient complained of low back pain radiating to right leg. There are documented MRI findings of a 2 mm disc protrusion resulting in abutment of the

exiting right and left nerve roots. The patient had bilateral positive straight leg raise. However, the patient's official MRI report was not submitted for review. As well as, the patient's documented EMG was negative for radiculopathy findings. The guidelines recommend epidural steroid injections for patients with radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient condition was on medications for treatment. The efficacy of the medications was not submitted for review. Furthermore, there was no documented physical therapy in relation to the low back submitted for review. The guidelines recommend that patients be initially unresponsive to conservative treatment. Given the information submitted for review the request for right L4-L5 and right L5-S1 transforaminal epidural steroid injections x 2 is non-certified.