

<b>Case Number:</b>	CM13-0037356		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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:

The injured worker is a 45-year-old male who reported an injury on 06/13/2013, secondary to heavy lifting. Current diagnoses include cervical disc disease with radiculitis, neck pain, low back pain, myofascial pain, and lumbar disc disease with radiculitis. The injured worker was evaluated on 12/18/2013. The injured worker was currently participating in physical therapy. The injured worker reported persistent pain with radiation to the right lower extremity. The injured worker has been previously treated with physical therapy and heating pads. Physical examination revealed limited lumbar range of motion, diminished strength in bilateral lower extremities, diminished sensation along the right lower extremity, diminished deep tendon reflexes, and positive straight leg raising. Treatment recommendations included a transforaminal epidural steroid injection at L4, L5, and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION L4, L5, S1:**  
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:** 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. As per the documentation submitted, the injured worker has been previously treated with physical therapy and heating pads. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Additionally, California MTUS Guidelines state no more than two nerve root levels should be injected using transforaminal blocks. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.