

<b>Case Number:</b>	CM13-0038358		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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, has a subspecialty in Pain Management, and is licensed to practice in 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 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:

This is a female patient with a date of injury of 1/18/13. A utilization review determination dated 10/14/13 recommends non-certification of bilateral L5-S1 transforaminal ESI (Epidural steroid injections). The reviewer stated that "the clinical data documents radiculopathy and is corroborated on imaging studies. The medical necessity is met and the procedures are certified. However, they are to be done with fluoroscopic guidance per the guidelines." The reviewer went on to state that "the available clinical information does not document dermatomal or myotomal clinical signs and symptoms consistent with radiculopathy. In addition, the imaging studies do not corroborate radiculopathy. The available clinical information does not support the medical necessity and the request is non-certified." A 10/2/13 medical report is referenced identifying low back pain radiating down both legs. Sensation is decreased along the left lateral and medial lower leg. SLR (straight leg raise) causes low back pain. The MRI (magnetic resonance imaging) from 6/24/13 is referenced to show mild bilateral foraminal stenosis and narrowing of the left S1 lateral recess.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 transforaminal epidural steroid injection QTY: 1.00: Overturned**

**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 injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for bilateral L5-S1 transforaminal epidural steroid injection, the CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there is documentation of low back pain radiating down both legs. Sensation is decreased along the left lateral and medial lower leg on exam. The MRI (magnetic resonance imaging) shows mild bilateral foraminal stenosis and narrowing of the left S1 lateral recess. In light of the above, the currently requested bilateral L5-S1 transforaminal epidural steroid injection is medically necessary.