

<b>Case Number:</b>	CM13-0040032		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	12/10/1997
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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 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 patient is a 51 year old man who sustained a work related injury on December 10 1997. Subsequently, he developed a chronic back pain. According to a note dated on July 5 2013, the patient was complaining of back pain radiating to both lower extremities with numbness and tingling. His physical examination demonstrated lumbar tenderness with reduced range of motion. His physical examination findings of September 6 2013 showed signs of L5 radiculopathy. His lumbar MRI of August 13 2013 showed bilateral disc bulging and facet arthropathy at L4-S1 with canal stenosis more severe in the left than the right. The provider requested authorization for bilateral L4-S1 Transforaminal Epidural Steroid Injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 LEFT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES LOW BACK COMPLAINTS Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). The clinical and MRI findings pointed toward a left L5 radiculopathy. Therefore the requested for bilateral epidural injections at L4-S1 is not medically necessary and is modified to left L5-S1 epidural injection.