

<b>Case Number:</b>	CM13-0042505		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in New York 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 is a 47-year-old male who reported an injury on 12/15/2011. The patient is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbosacral spondylosis without myelopathy, and lumbago. The patient was seen by [REDACTED] on 10/23/2013. The patient reported 7/10 lower back pain. Physical examination revealed limited lumbar range of motion, tenderness to palpation of the lumbar facets, positive straight leg raising bilaterally, tenderness of the thoracolumbar fascia, 5/5 motor strength in bilateral lower extremities, and intact sensation. Treatment recommendations included continuation of current medications with the exception of omeprazole, and bilateral L3-4 and L4-5 transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Bilateral L3-4, L4-5 Transforaminal Epidural Steroid Injection:** 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 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical documentation submitted, the patient's physical examination on the requesting date of 10/23/2013, revealed 5/5 motor strength in bilateral lower extremities with intact sensation. There was no evidence of radiculopathy upon physical examination. There is also no evidence of this patient's failure to respond to recent conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the patient does not currently meet criteria for the requested service. As such, the request for Bilateral L3-4, L4-5 Transforaminal Epidural Steroid Injection is not medically necessary and appropriate.