

<b>Case Number:</b>	CM13-0046940		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/07/2006
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesiology, and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 11/07/2006. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lumbar disc displacement. The patient reported 3/10 pain located to the lower back. Physical examination of the lumbar spine revealed bilateral pain at the L3 to S1 region upon palpation. Palpation of the greater trochanteric bursa revealed tenderness on both sides. The patient exhibited 30 degrees of lumbar spine anterior flexion and 10 degrees of lumbar spine extension; the patient had pain with anterior flexion and extension of the lumbar spine. The patient's motor strength was noted to be normal. Sensation of the lower extremities was noted to be grossly intact. The patient had left knee tenderness with flexion and extension. An MRI of the lumbar spine showed grade 1 anterolisthesis of L4-L5 with a 2 mm central broad based disc bulge, moderate facet arthrosis and left neural foraminal stenosis. Past medical treatment was not included in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient transforaminal lumbar epidural steroid injection at the L4-L5 levels under fluroscopy and anesthesia:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, epidural steroid injections (ESI's) are recommended as an option for the treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Radiculopathy must also be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS Chronic Pain Guidelines further state, there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The documentation submitted for review included an official MRI of the lumbar spine noted to reveal grade 1 anterolisthesis of L4-L5 with a 2 mm central broad based disc bulge. There was moderate facet arthrosis and ligament flavum hypertrophy causing mild central canal stenosis, subarticular recess stenosis, and left neural foraminal stenosis. The documentation indicated the patient had a decrease in range of motion of the lumbar spine, normal motor strength, and intact sensation of the lower extremities. However, previous documentation submitted indicated the patient had lower extremity numbness following the L5 dermatome. In the absence of documented failed conservative treatment and physical examination findings of radiculopathy corroborated by a positive nerve impingement upon MRI, the request is not supported. Additionally, as the MTUS Chronic Pain Guidelines state, there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. Documentation of the need for anesthesia, such as anxiety issues, was not provided. Given the above, the request for an outpatient transforaminal lumbar epidural steroid injection at the L4-L5 levels under fluoroscopy and anesthesia is not medically necessary and appropriate.