

<b>Case Number:</b>	CM13-0048222		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/14/2009
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/22/2013
<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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 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:

This is a 45-year-old female patient with a reported injury on 4/14/09 and the mechanism of injury was not provided. On 10/17/13, the patient presented complaining of back pain that radiated down the right leg. The patient also reported that the pain had increased and that she experienced pain in the right knee as well. Objective findings included a slow gait with mid and low back tenderness. There was restricted range of motion to the low back caused by the pain, and the patient had a positive straight leg raise on the right at 40 degrees. The patient's muscle strength was normal to the lower extremity muscle groups. There was decreased sensation to the right foot and calf. The patient was diagnosed with lumbar radiculopathy and lower back pain. The treating physician reported that the patient had been unresponsive to conservative treatment which consisted of physical therapy and medications. An epidural steroid injection at right L5-S1 was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR EPIDURAL INJECTION AT L5-S1 - RIGHT SIDE - BETWEEN 10/22/2013 AND 12/6/2013:** 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:** The California MTUS guidelines state that epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. The purpose of ESIs are to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The clinical information submitted for review indicated there were subjective and objective findings of radiating pain; however, imaging studies and electrodiagnostic testing on 9/15/11 and 9/16/11 did not corroborate radiculopathy. The California MTUS guidelines recommend epidural steroid injections when radiculopathy is corroborated by diagnostic and/or imaging studies. Given the documentation did not support the request as evidenced by the lack of corroborative diagnostic imaging, the request is non-certified.