

<b>Case Number:</b>	CM13-0048367		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 58-year-old female who was injured on 07/27/2006. The mechanism of injury is unknown. Her diagnoses are chronic low back pain and lumbar radiculopathy. Diagnostic studies reviewed indicate that on 10/10/2013, an MRI of the lumbar spine showed postoperative changes and degenerative changes noted. The central canal stenosis appears moderate at L2-3 and mild at L3-4. Neural foraminal stenosis most pronounced bilaterally at L3-4. There was mild neuroforaminal stenosis bilaterally at L5-S1, more pronounced on the left. Grade O anterolisthesis of L5 on S1 appears stable compared to the computerized tomography (CT) scan in 2008. A progress report (PR-2) dated 09/26/2013, documented the patient with complaints of neck pain radiating to shoulders and right forearm, upper back pain radiating down the posterior aspect of the left leg and bilateral knee pain. She has been having increased pain since her last visit. Objective findings on exam reveal severely limited range of motion of the lumbar spine. There is moderate tenderness to palpation of the lumbar paraspinal muscles. A PR-2 dated 10/23/2013, documented that the patient continues to experience neck pain radiating to shoulder and right forearm, upper back pain and low back pain radiating down the posterior aspect of the left leg, and bilateral knee pain. She has been having increased low back pain radiating to the left buttocks and posterior hamstring area over the past few months. Objective findings on exam reveal deep tendon reflexes, which are depressed bilaterally in the lower extremities. Sensation is intact to light touch in the lower extremities. Seated straight leg raise test is positive in the left leg. There was weakness on the left ankle dorsiflexion and plantar flexion. The treatment has included medical therapy with narcotic analgesics. The treating provider has requested one transforaminal epidural steroid injection at the left S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE LEFT S1:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapters, Epidural Steroid Injections.

**Decision rationale:** The Chronic Pain Guidelines indicate that "the purpose of ESI is 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient has failed back surgery syndrome and the MRI report does reveal mild L5- S1 foraminal stenosis bilaterally. There is radiculopathy present on physical exam. The claimant has ongoing pain despite medical therapy which includes narcotics. A trial of epidural steroid injection therapy is indicated. Medical necessity for the requested service has been established. The requested service is medically necessary.