

<b>Case Number:</b>	CM13-0048653		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/22/2004
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old female with date of injury of 01/22/2004. According to the progress report dated 08/09/2013 by [REDACTED], the patient's pain level had increases since his last visit. Her activity level has increased and quality of life has remained unchanged. The patient is taking her medications as prescribed and reports they are working well. The range of motion of the lumbar spine is restricted with flexion 60 degrees and extension 15 degrees both limited due to pain. There is tenderness upon palpation of the paravertebral muscles on both sides. Straight leg raise is positive. Motor testing is limited by pain. The sensory examination shows decreased sensation to pin prick on both sides. Deep tendon reflexes are globally diminished. The treating physician is requesting a bilateral transforaminal Lumbar Epidural Steroid Injection at L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL TRANSFORAMINAL LUMBER EPIDURAL INJECTION L5, S1:** 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:** This patient presents with chronic back pain. The physician is requesting a bilateral transforaminal Lumbar Epidural Steroid Injection at L5 and S1. The MTUS guidelines states that radiculopathy must be documented with physical examination and imaging studies including unresponsiveness to conservative treatments. Furthermore, no more than two nerve root levels should be injected using transforaminal blocks. Records show that the patient has had a previous injection on 12/17/2012 with 100% resolution of radiating leg pain and greater than 50% resolution of her low back pain. Unfortunately, the operative report was not made available to verify which level the injection was performed. The MRI dated 10/03/2011, reveals L4-5 right foraminal exit zone narrowing, markedly degenerated right facet joint and compression of right L4 nerve. In this patient, while the physician documents bilateral lower extremity pain, it is not described in a specific dermatomal pattern to indicate radiculopathy, particularly at L5 and S1 nerve root levels. In addition, the MRI does not show pathologies at L5 and S1 levels. Instead, L4 nerve is involved on the right side. Documentation of a clear radiculopathy has not been established. Given the lack of a clear diagnosis of radiculopathy at L5-S1, recommendation is for denial.