

<b>Case Number:</b>	CM13-0048772		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/23/2013
<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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 reported an injury on 05/04/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with spinal stenosis, lumbar region, without neurogenic claudication. The patient's symptoms included low, left-sided back pain that radiated into his left buttock. The patient also reported weakness to his left leg and foot. Physical examination revealed tenderness to the lumbar paraspinals, left is greater than right, with spasm noted. There was a decreased range of motion of the low back in all directions, decreased left L4, L5, and S1 dermatomes to pin prick and light touch, a positive straight leg raise on the left to the calf, and a positive slump test. An unofficial MRI report of the lumbar spine was noted to reveal, by [REDACTED], a negative MRI of the lumbar spine. Past medical treatment included home exercise program and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFORAMINAL EPIDURAL STEROID INJECTION LEFT L3, L4, AND L5**

**ROOTS:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections 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). The guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted for review noted low back pain of 6/10 that radiated into the left buttock, as well as weakness to the left leg/foot. In addition to that, the documentation indicated an MRI of the lumbar spine was noted to be negative. Therefore, in the absence of documented objective findings on examination corroborated by positive nerve impingement upon official MRI, the request is not supported. Given the above, the request for Transforaminal Epidural Steroid Injection Left L3, L4, and L5 Roots is non-certified.