

<b>Case Number:</b>	CM13-0050084		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 physician 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 61-year-old male who reported an injury on 08/27/2010. The mechanism of injury was noted to be a motor vehicle accident. The patient was noted to undergo an MRI of the lumbar spine on 06/30/2013, which revealed the patient had, at the level of L4-5, moderate right and moderate to severe left neural foraminal narrowing. The patient had subjective complaints of pain radiating from his back to both legs and into the thighs. The patient was noted upon physical examination to have a decreased sensation to the right L3 dermatome and the motor examination was 5-/5 for the right tibialis anterior and extensor hallucis longus (EHL) muscle. The patient was noted to have hyporeflexic lower extremities. The patient was noted to have an electromyography/nerve conduction study (EMG/NCS) of the lower extremities which revealed no electrodiagnostic evidence of focal nerve entrapment of the lower limbs, lumbar radiculopathy, or generalized peripheral neuropathy affecting the lower limbs. The patient's diagnoses were noted to include herniated nucleus pulposus (HNP) of the lumbar spine with stenosis and lumbar radiculopathy. The request was made for a transforaminal epidural steroid injection at bilateral L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection at Bilateral L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that for an epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicated the patient had moderate right and moderate to severe left neural foraminal narrowing at L4-5 by MRI. The patient had subjective complaints of pain radiating from his back to both legs and into the thighs. The objective physical findings indicated that the patient had decreased sensation of the right L3 dermatome. The motor examination was 5-/5 for the right tibialis anterior and extensor hallucis longus (EHL) muscle. The patient was noted to have hyporeflexic bilateral lower extremities. The patient was noted to be undergoing acupuncture therapy at the time of the request. There was a lack of documentation indicating the patient was initially unresponsive to conservative treatment, in as much as there was a lack of documentation indicating the dates of service, efficacy, and duration of physical therapy. There was a lack of documentation of dermatomal findings at bilateral L4-L5. Given the above, the request for transforaminal epidural steroid injection at bilateral L4-5 is not medically necessary.