

<b>Case Number:</b>	CM13-0051394		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 & 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 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 62-year-old male with date of injury on 10/16/2012. The patient presents with low back pain, right greater than left, with tingling and numbness into the bilateral lower extremities, left greater than right. Exam findings indicate the patient had decreased range of motion of the lumbar spine, positive straight leg raise bilaterally at 60 degrees for low back pain and radicular pain. There was plantar weakness noted on the right with reflexes 1+ and absent ankle jerk reflex on the right compared to 1+ on the left. It was noted that the patient had undergone physical therapy for the low back pain which was unsuccessful at treating the patient's symptoms. The patient has also undergone previous medial branch block in the lumbar spine which provided temporary relief. The patient, now, is experiencing more radicular type symptoms and request was made for a right-sided L4-L5, L5-S1 epidural steroid injection. The MRI of the lumbar spine dated 01/14/2013 showed severe neuroforaminal stenosis bilaterally at L4-L5 and moderate neuroforaminal stenosis bilaterally at L5-S1. At the L5-S1 level, there was uncovering of disk material with a right paracentral disk extrusion extending up to 4 mm posteriorly and 4 mm inferiorly. The utilization review letter dated 11/04/2013 issued noncertification of the 2-level injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right L4-5, L5-S1 transforaminal epidural steroid injection under fluoroscopy:** Overturned

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

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

**Decision rationale:** The patient continues with low back pain and numbness and tingling into the lower extremities. The patient has previously undergone conservative treatment including physical therapy without significant benefit. Physical exam showed positive straight leg raise bilaterally at 60 degrees with low back pain and radicular pain. There was weakness noted on the right side plantar flexion with absent ankle jerk reflex on the right. Lumbar MRI from 01/14/2013 indicated the patient had moderate facet hypertrophy with prominent ligamentum flavum infolding at L4-L5 and severe neuroforaminal stenosis bilaterally at this level. At L5-S1 level, there was right paracentral disk extrusion extending up to 4 mm posteriorly and 4 mm inferiorly. There is displacement of the traversing right S1 nerves. There is right lateral recess narrowing. There is moderate neuroforaminal stenosis bilaterally. The records appear to indicate the patient has not previously undergone an epidural steroid injection. MTUS Guidelines, page 46 and 47, regarding epidural steroid injections, require that radiculopathy must be documented by physical examination and corroborated by imaging studies. MTUS further requires that the patient is initially unresponsive to conservative treatment. The utilization review letter dated 11/04/2013 appeared to indicate that a denial was issued due to lack of evidence of a 2-level involvement by MRI findings. This review of the MRI appears to indicate significant foraminal narrowing at both the L4-L5 and L5-S1 levels. The guideline requirements appear to be met in this case. Therefore, authorization is recommended.