

<b>Case Number:</b>	CM13-0052356		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 injured worker is a 51-year-old male who reported an injury on 10/1/11 after lifting heavy materials. The injured worker sustained an injury to his low back. The injured worker's treatment history included multiple medications, physical therapy, and a home exercise program. The injured worker underwent an MRI in December 2012. It was documented the injured worker had central canal stenosis at the L4-5 with a disc protrusion and central canal stenosis at the L5-S1 with disc protrusion and indentation on the right S1 traversing nerve root with moderate bilateral neural foraminal stenosis due to the disc bulge. The injured worker was evaluated on 10/11/13. Physical findings included limited lumbar range of motion secondary to pain with tenderness to palpation of the paravertebral musculature and spinous process at the L3, L4, and L5 with a positive facet loading test. The injured worker's neurological evaluation included decreased motor strength of the bilateral lower extremities with decreased reflexes and decreased sensation in the S1 dermatomal distribution. The injured worker's diagnoses included lumbar radiculopathy, post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease and low back pain. The injured worker's treatment plan included a transforaminal lumbar epidural steroid injection of the right side of the L5-S1 and S1-S2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTIONS AT L5-S1 AND S1-S2:** Overturned

**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:** The California MTUS recommends epidural steroid injections for injured workers who have documentation of physical findings of radiculopathy corroborated by imaging studies and have failed to respond to conservative treatment. The clinical documentation indicates that the injured worker has failed to respond to conservative treatments, including physical therapy, multiple medications, and a home exercise program. Additionally, the physical evaluation provided for the injured worker included physical findings of radiculopathy in the S1 distribution. The clinical documentation also included an MRI from December 2012 that supported nerve root pathology. As such, the requested transforaminal lumbar epidural steroid injections at L5-S1 and S1-S2 are medically necessary and appropriate.