

<b>Case Number:</b>	CM13-0053575		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 37 year old male who was injured on 11/30/2011 while he was pulling a pallet weighing approximately 500 pounds with a pallet jack, when he slipped on a piece of paper. He landed on the floor on a seated position injuring his low back. His diagnosis is chronic low back pain with radiculopathy. Prior treatment history has included acupuncture treatments two times a week for a month. He also had trigger point injections. Current medications as of 07/01/2013 consist of: Naproxen and a sleep medication. Diagnostic studies reviewed include MRI of the lumbar spine dated 07/12/2012 revealing: 1) At L4-5 there is a broad 4 mm midline disc protrusion resulting in abutment of the descending L5 nerve root bilaterally with a mild degree of central canal stenosis. 2) At L5-S1 there is a 3 mm midline disc protrusion. An updated MRI of the lumbar spine, date unknown, reveals progressive disc lesion at L4-5 and L5-S1. The disc bulging is now increased to 5.2 mm at each level. It was previously 4 mm at L4-5 and 3 mm at L5-S1. There is moderate to severe right canal stenosis at L4-5. The MRI also shows bilateral neural foraminal stenosis at L4-L5 and L5-S1 but more severe at L4-L5. A progress note dated 09/23/2013 documented the patient with complaints of persistent back and right leg radiating symptoms. Objective findings on exam reveal his gait is grossly within normal limits. Lumbar flexion is limited to 50 degrees with pain. The treating provider has requested a right L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L5-S1 FLECTOR TRANSFORAMINAL EPIDURAL STEROID INJECTION:**

Overtured

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The ODG recommends an epidural steroid injection (ESI) if there is evidence of radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis). Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The MRI reported to have increasing disc protrusion with increased foraminal stenosis at L5. The claimant has continued low back pain despite medical therapy and a trial of acupuncture. A trial of epidural steroid injection therapy is indicated. Medical necessity for the requested service has been established. The requested service is medically necessary.