

<b>Case Number:</b>	CM13-0060431		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 has a subspecialty in Pain Management and is licensed to practice in Texas and 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 patient is a 30 year old female who was injured on 2/19/2010. The patient was diagnosed with lumbosacral neuritis causing low back pain. The patient had microdiscectomy of the lumbar spine on 11/2/2012. The lumbar spine MRI showed multilevel disc bulge and retrolisthesis of L4 on L5. There was no significant canal stenosis or nerve root contact. The patient had a left transforaminal epidural steroid injection on 9/3/2013. On a 9/26/2013 post procedure clinic evaluation, the pain score was 7/10, the low back pain was limited to the back and no longer radiating down the legs, the motor tests and reflexes were normal. But the patient denied any increase in range of motion or decrease in medication utilization. The treating providers [REDACTED] and [REDACTED] listed the current medications as Flexeril and tramadol. A Utilization Review was rendered on 11/18/2013 recommending non certification of left L3-L4, L4-L5 transforaminal lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION LEFT L3-L4, L4-L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
EPIDURAL STEROID INJECTIONS (ESIs Page(s): 46.

**Decision rationale:** The CA MTUS addressed the use of interventional pain procedures in the treatment of lumbar radicular pain. The indications for lumbar epidural steroid injections are to decrease pain, increase range of motion and avoid or delay surgery for patients who have failed conservative treatment with medications and physical therapy. The subjective and objective criteria establishing that the low back pain was caused by lumbar radiculopathy must be established. This patient's subjective complaints was non radiating low back pain without numbness, paresthesia or other neuropathy signs. There was no objective findings of sensory or motor deficit or abnormality with DTR. The MRI did not show radiological evidence of nerve root contact that could be indicative of radiculopathy. The patient did not obtain significant long lasting pain relief following the prior right tranforaminal lumbar epidural steroid injection. The documented subjective and objective findings did not meet the criteria for left L3-L4 and L4-L5 tranforaminal lumbar epidural steroid injection. The request is non certified.