

<b>Case Number:</b>	CM13-0068718		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 39-year-old male who reported an injury on 06/29/2012 after a trip and fall. The injured worker's treatment history included meniscus repair on 11/18/2012, partial medial meniscectomy and chondroplasty in 06/2012, physical therapy, activity modifications, and medications. The injured worker underwent an MRI of the lumbar spine on 03/13/2013 that documented there was mild disc degeneration at the L4-5 level with disc protrusions at L4-5 and L5-S1 with no evidence of significant impingement. The injured worker was evaluated on 11/04/2013. It was documented that the injured worker had continued pain complaints of the low back radiating into the left lower extremity. Physical findings included a positive left sided straight leg raising test with decreased sensation to light touch over the left S1 dermatomes. The injured worker's diagnoses included low back pain, left leg numbness, and bilateral knee pain. The injured worker's treatment plan included left transforaminal epidural steroid injection at the L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TRANSFORAMINAL ESI UNDER FLUOROSCOPIC GUIDANCE L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

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

**Decision rationale:** The requested left transforaminal epidural steroid injection under fluoroscopic guidance at L5-S1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured worker's who have physical examination findings of radiculopathy supported by an imaging study that have been recalcitrant to conservative treatment. The clinical documentation does indicate that the injured worker has had extensive conservative treatment to the left knee. However, there is no documentation that the injured worker has had conservative treatment directed towards the low back. Additionally, the clinical documentation does indicate that the injured worker has physical exam findings of radiculopathy in the S1 distribution. However, the imaging study provided for review does not indicate any neurological compromise at the L5-S1 level. Therefore, an epidural steroid injection would not be supported. As such, the requested left transforaminal epidural steroid injection under fluoroscopic guidance at the L5-S1 level is not medically necessary or appropriate.