

<b>Case Number:</b>	CM14-0000386		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 11/8/11. The mechanism of injury was not provided for review. The documentation from 11/13/13 revealed that the injured worker had complaints of low back pain radiating to bilateral lower extremities down to the feet. The injured worker's medications included Norco, Ketoprofen, Tramadol, and temazepam. The injured worker recently underwent a cervical interlaminar epidural steroid injection at C6-7 on 10/29/13. The physical examination of the low back revealed tenderness to palpation of the bilateral lumbar facets with positive facet joint loading. There was a negative straight leg raise test bilaterally. The injured worker had a positive Faber test bilaterally. Motor and sensation were intact in the lower extremities as were deep tendon reflexes. The motor strength was 5-/5 bilaterally. The injured worker underwent an MRI of the lumbar spine on 7/9/13 which revealed a 2mm retrolisthesis at L3-4. Degenerative disc disease was seen at L3 through L5 with a loss of disc height and anterior spondylosis. Left greater than right L4 and L5 pedicle/posterior element edema/stress reaction was noted. At L3-4, there was mild central canal stenosis with left lateral protrusion and moderate left neural foraminal narrowing. At L4-5, there was broad-based bulge and facet arthropathy resulting in mild canal stenosis narrowing the lateral recesses with moderate left neural foraminal narrowing and mild to moderate neural foraminal narrowing. The diagnoses included lumbar radiculopathy with neural foraminal stenosis at L3-4 and L4-5 and multiple HNPs of the lumbar spine, as well as lumbar facet arthropathy. The treatment plan included a left lumbar transforaminal epidural steroid injection at L3-4 and L4-5, as well as refills for Ketoprofen, Norco, and temazepam.

### 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 L3-4 AND L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by imaging studies and/or electrodiagnostic testing and documentation that the injured worker's pain was unresponsive to conservative treatment. The clinical documentation submitted for review failed to indicate the injured worker had findings on MRI or findings of myotomal and dermatomal deficits, and there was a lack of documentation indicating that the injured worker's pain was unresponsive to conservative care. Given the above, the request for transforaminal lumbar epidural steroid injection left L3-4 and L4-5 is not medically necessary.