

<b>Case Number:</b>	CM14-0001877		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 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 patient is a 48-year-old female who reported an injury on 12/30/2004. The mechanism of injury was not stated. The patient is currently diagnosed with lumbar radiculopathy, lumbar facet arthropathy, status post lumbar fusion, myalgia/myositis, depression, chronic pain, status post bilateral Total Knee Arthroplasty, status post gastric bypass, and chronic nausea. The patient was seen by [REDACTED] on 10/22/2013. The patient reported lower back pain with radiation to bilateral lower extremities. Physical examination revealed moderately reduced range of motion of the lumbar spine, spinal vertebral tenderness at L4-S1, myofascial tenderness with paraspinous muscle spasm, decreased sensation along the L4-5 dermatome, and a moderate decrease in motor strength of bilateral lower extremities. Treatment recommendations at that time included an epidural steroid injection at L4-5. It is also noted that the patient's most recent MRI of the lumbar spine is documented on 08/09/2011 and indicated mild disc bulge with facet arthropathy at L4-5 with moderate right and left-sided foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-S1 Transforaminal Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, (ESI).

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

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with other rehab efforts. As per the documentation submitted, the patient's physical examination does reveal decreased sensation along the L4-5 dermatome as well as decreased motor strength and positive straight leg raising. The patient's MRI of the lumbar spine does reveal mild to moderate foraminal narrowing at L4-5. However, there is no documentation of radiculopathy upon physical examination or imaging study at the L5-S1 level. It is also noted that the patient's MRI dated 08/09/2011 was obtained prior to the patient's surgical intervention. An updated MRI was not provided for review. There is also no indication that this patient is actively participating in a home exercise program. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.