

<b>Case Number:</b>	CM14-0100796		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 request for independent medical evaluation was signed on June 25, 2014. It was for a right L4-L5 transforaminal injection just distal to a prior fusion area. Per the records provided, this 62-year-old male was injured back in October 2010. He had undergone multiple surgical procedures to the back. His back pain continues and it is positional with bending or lifting. There is some radiation of pain down the legs. He has pain 50% of the time and is unable to walk more than 3 to 10 steps without having to bend over. The patient however was neurologically intact with tenderness to palpation and range of motion of the low back. Spasm was noted in the paraspinal muscles with straight leg raising positive for back pain and negative for radicular pain. The current MRI noted a broad level eccentric disc protrusion at L1 and marked central canal stenosis at L3-L4 with degenerative change, and grade 1 anterolisthesis and a broad left eccentric disc protrusion. There were multiple areas of neural foraminal narrowing and it is prominently bilaterally at L3-L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 Transforaminal Injections Just Distal to Prior Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**Decision rationale:** The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. There was no correspondence between this claimant's imaging findings, and objective clinical neurologic exam. The request for Right L4-L5 Transforaminal Injections Just Distal to Prior Fusion is not medically necessary.