

<b>Case Number:</b>	CM14-0109341		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/28/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 & Rehabilitation 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 injured worker is a 75-year-old male senior security officer who sustained a work-related injury to his back while replacing a flat tire of the security jeep on 12/28/99. He was diagnosed with acquired spondylolisthesis. The patient underwent a L4-L5 right-sided hemi laminectomy and hardware removal with exploration of spinal fusion on 9/9/13 and transforaminal lumbar interbody fusion through two separate facial incisions on 10/7/08. From the progress note dated 6/2/14, it was indicated that the patient complains of right buttock and anterior medial thigh pain for approximately 4 weeks. On examination of the lumbar spine, lower extremity strength was 5/5. Sensation was intact. Deep tendon reflexes were normal. He had normal neurological examination. Diagnosis included acquired spondylolisthesis, lumbosacral spondylosis, lumbar degenerative disc disease, trochanteric bursitis and lumbar spinal stenosis. MRI of the lumbar spine from 6/2/14 revealed replacement disc material at the L4-L5 level which was stable with mild retrolisthesis at L5-S1. There appeared to be a 12 cm forward shift in the orientation of L4 on the replacement disc between flexion and extension. No documental evidence of home exercise program, physical methods, use of non-steroidal anti-inflammatories or use of muscle relaxants. Current diagnosis is acquired spondylolisthesis. UR denied the request for right lumbar transforaminal epidural steroid injection at the level of L3-L 4 due to lack of medical necessity on July 01, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar Transforaminal Epidural Steroid Injection at level Lumbar 3-Lumbar 4:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

**Decision rationale:** As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no imaging evidence of nerve root compression, corroborating with clinical findings. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy, NSAIDs or oral steroids. Therefore, the medical necessity of the request for right L3-L4 TF-ESI is not medically necessary.