

<b>Case Number:</b>	CM14-0010286		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

Patient is a 68 year old female with date of injury 02/23/2013. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/18/2013, lists subjective complaints as ongoing and debilitating pain in the low back. The patient currently rates her pain in her lower back from 0-10 as 5 in intensity, aggravated by any type of bending, twisting or turning. Her pain does radiate down to her right lower extremity which limits both her mobility and activity tolerance. Objective findings: Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that are palpable and tender throughout the lumbar spine. The patient had decreased range of motion with obvious muscle guarding. An MRI of the lumbar spine, performed on 03/29/2013, revealed marked multilevel spondylosis of the lumbar spine with moderately severe central spinal canal stenosis at the L4-5 level. At L5-S1 there are moderate hypertrophic and degenerative changes of the facets. There is a 2 mm broad-based disc protrusion not impinging upon the S1 nerve roots. The neural foramina are patent. There is no evidence of central spinal canal stenosis. Diagnosis: 1. Lumbar myoligamentous injury right lower extremity radicular symptoms 2. Cervical spine myoligamentous injury with associated cervicogenic headaches 3. Traumatic brain injury with right medial occipital condyle fracture 4. Post-concussive syndrome with disequilibrium 5. Possible medication induced gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the requesting physician's note, the patient was being referred for a lumbar epidural steroid injection to help control her back pain. The patient does complain of some right S1 radicular symptoms which manifested themselves by decreased sensory examination on the right S1 dermatome and positive straight leg raising at 60°. The patient seems to be responding to physical therapy. The foramen at L5-S1 are relatively open, but there is a stenotic segment in the central canal at L4-5 which is likely causing the patient's radicular symptoms. It is unlikely that an epidural steroid injection at the segment below will be effective. Transforaminal Epidural Steroid Injection At L5-S1 is not medically necessary.