

<b>Case Number:</b>	CM14-0014441		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Interventional Spine 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 patient is a 48-year-old male with an injury date of 10/10/13. Based on the 12/19/13 progress report provided by [REDACTED], the patient complains of right shoulder and upper extremity pain radiating into the fifth (5th) digit, with numbness. He also has low back and bilateral leg pain radiating into the calves with numbness. The patient's diagnoses include the following: Chronic cervical strain; Chronic lumbar strain; Cervical radiculopathy; Lumbar radiculopathy; and Lumbar facet syndrome. [REDACTED] is requesting a lumbar right L4-L5 transforaminal epidural steroid injection as an outpatient. The utilization review determination being challenged is dated 01/31/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/14/13- 12/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR RIGHT L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the 12/19/13 report by the treating physician, the patient complains of right shoulder and upper extremity pain radiating into the fifth (5th) digit with numbness. He also has low back and bilateral leg pain radiating into the calves with numbness. The request is for a lumbar right L4-L5 transforaminal epidural steroid injection as an outpatient. The 12/19/13 report states that the patient's "Lower back pain is dull and sharp, radiates to both legs, right equal to left, occurs 100% of the time, and interferes with the applicant's ability to bend at the neck." There is no indication of any previous lumbar epidural steroid injections, nor were there any MRI's provided showing any herniation or stenosis. The Chronic Pain Guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, an epidural steroid injection (ESI) is not indicated. The request is not medically necessary.