

<b>Case Number:</b>	CM14-0015134		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old male whose date of injury is March 28, 2013. The medical examination dated January 15, 2014 indicates that he was walking when he was struck by a truck driven by a coworker. He fell to the ground landing on his knees. The injured worker underwent a course of physical therapy. Impression notes musculoligamentous of the lumbosacral spine rule out herniated disc causing radiculopathy to the left lower extremity, buttock and posterior thigh pain, and complaints of moderate depression, anxiety and sleep difficulty. EMG/NCV dated February 10, 2014 notes that findings do not suggest lumbar radiculopathy. MRI of the lumbar spine dated February 10, 2014 revealed at L4-5 there is a 4 mm spondylolisthesis of L4 on L5. This is associated with a 2 mm posterior L4-5 disc bulge. Bilateral L4-5 facet joint and ligamentum flavum hypertrophy is present and secondary to facet arthropathy. The result is a mild to moderate L4-5 central spinal canal and lateral recess stenosis. The neural foramina are widely patent. At L5-S1 there is a 3 mm broad based posterior disc protrusion; mild left sided L5-S1 facet joint arthropathy is associated with anterior left sided L5-S1 facet joint osteophytes. The result is moderate left lateral recess stenosis. The central spinal canal, the right lateral recess, and the bilateral neural foramina appear widely patent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION LEFT L4-L5, L5-S1 TIMES ONE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs),

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

**Decision rationale:** There is no indication that the injured worker has undergone any recent active treatment. The submitted records indicate that he previously underwent a course of physical therapy; however, it appears that only passive modalities were provided. The injured worker's EMG/NCV is negative for radiculopathy. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by the California MTUS guidelines. The request is not medically necessary.