

<b>Case Number:</b>	CM14-0016062		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports 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 female who reported an injury to her low back as a result of a work related injury on 11/18/11. The clinical note dated 07/08/13 indicates the injured worker complaining of radiating pain from the low back into the left lower extremity all the way to the foot. The injured worker stated the pain caused her left leg to give way. The injured worker stated she had been moving a heavy cart on 11/18/11 when she felt a pop in the low back resulting in feelings of tightness and pain with radiation of pain to the right posterior thigh. Upon exam, the injured worker was able to demonstrate 60 degrees of lumbar flexion, 20 degrees of extension with no significant weakness or reflex deficits. No sensation deficits were identified at that time. The clinical note dated 08/12/13 indicates the injured worker able to heel and toe walk with no difficulty. The MRI of the lumbar spine dated 08/24/13 revealed disc bulges at L3-4, L4-5, and L5-S1 without central canal stenosis. Mild bilateral foraminal narrowing was identified at L4-5 and L5-S1. The clinical note dated 09/24/13 indicates the injured worker demonstrating range of motion improvements throughout the lumbar spine to include 80 degrees of flexion and 30 degrees of extension. The clinical note dated 10/21/13 indicates the injured worker rating the low back pain as 4-9/10. The injured worker did have subjective complaints of weakness in the left lower extremity. The clinical note dated 11/14/13 indicates the injured worker demonstrating pain upon palpation in the lumbar region. The injured worker was also identified as having a mildly guarded gait. The note indicates the injured worker being recommended for an epidural steroid injection at that time. The utilization review dated 01/07/14 resulted in a denial for an epidural steroid injection at L5-S1 as no information had been submitted confirming the injured worker's radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL ESI L L5-S1 WITH FLUOROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The documentation indicates the injured worker having complaints of low back pain. An epidural injection is indicated in the lumbar region provided the injured worker meets specific criteria to include significant neurologic deficits identified by clinical exam and correlating with the imaging studies. There is an indication the injured worker has an MRI which revealed stenosis at the L5-S1 level. However, no information was submitted regarding the injured worker's strength, reflex, or sensation deficits in the L5 or S1 distribution. In the absence of significant clinical findings confirming the injured worker's radiculopathy, the request for an epidural steroid injection is not medically necessary.