

<b>Case Number:</b>	CM14-0124298		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 44 year old male who reported injury on 07/08/2013. The mechanism of injury was a motor vehicle accident. Diagnoses included cervical degenerative disc disease and lumbar spondylolisthesis. The past treatments included physical therapy, medication, and pain management. Imaging studies were not provided. The progress note dated 07/07/2014, noted the injured worker complained of pain rated 6/10, an increase in low back pain, and intermittent numbness and tingling to his right leg. The physical exam revealed the injured worker had difficulty with transfers, 5/5 muscle strength to all extremities, intact sensation, and unchanged motion of the neck and back. It was noted on 06/09/2014, the injured worker experienced 40-50% pain relief with Norco 10/325mg 1-2 tablets every 4-6 hours, and Voltaren 50mg tablet twice daily, but reported feeling sleepy with the use of the medications. The treatment plan included recommendations to continue with pain management for an epidural steroid injection, and conservative care of the cervical spine. It was also noted, that surgical intervention for the spondylolisthesis at L5-S1 was declined by the injured worker, and he remained on regular duty. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Under Fluoro at Right L4-L5 Faraminae:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The request for transforaminal epidural steroid injection under fluoro at right L4-L5 foramina is not medically necessary. The injured worker had unmeasured low back pain, 5/5 muscle strength to all extremities, and intact sensation. The California MTUS guidelines indicate the criteria for epidural steroid injection includes documentation of radiculopathy on physical exam in the applicable dermatomal distribution with corroborative findings of radiculopathy, supported by imaging or electrodiagnostic testing, and a failed response to conservative treatment. There was no indication of radiculopathy on the physical exam. There was no indication of pain, weakness, or decreased sensation in the L4-5 dermatomal or myotomal distribution. There were no imaging or electrodiagnostic testing results provided. Given the lack of documentation of radiculopathy originating from the L4-5 intervertebral level, and the imaging or testing not provided to support L4-5 compromise, an epidural steroid injection at L5-S1 is not supported at this time. Therefore, the request is not medically necessary.