

<b>Case Number:</b>	CM14-0177790		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 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 52 year old male with an injury date on 05/09/2014. Based on the 09/26/2014 progress report provided by [REDACTED] the diagnoses are: 1. Spinal stenosis L4-5. L4-5 disk protrusion According to this report, the patient complains of "worsening of right leg pain and is noticing weakness of right ankle when walking." Physical exam reveals "diminished sensation right lateral calf now involving lateral right side and dorsum of foot to first interspace. Right EHL now 4/5. Positive SLR for right sciatic at 45 degrees." MRI of the lumbar spine on 07/24/2014 indicates an "annular disc bulges, 2 mm" at L4-5. There were no other significant findings noted on this report. The utilization review denied the request on 10/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/12/2014 to 10/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 transforaminal epidural steroid injection with fluoroscopy and monitored anesthesia care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** According to the 09/26/2014 report by [REDACTED] this patient presents with "worsening of right leg pain and is noticing weakness of right ankle when walking." The treater is requesting right L4-5 transforaminal epidural steroid injection with fluoroscopy and monitored anesthesia care. The utilization review denial letter states "There was no corroboration of radiculopathy from the imaging and thought the findings seemed to indicate a radiculopathy, medical necessity could not be determine within guidelines." Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/ or electrodiagnostic testing." Review of reports do not show evidence of prior epidural steroid injections. While this patient presents with right leg pain and diminished sensation in a dermatomal distribution with positive straight leg raise. However, MRI shows 2mm disc bulges at L4-5. Bulging discs are normal findings and unlikely the source of the patient's radicular symptoms. Recommendation is for denial.