

<b>Case Number:</b>	CM14-0181984		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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:

This patient is a 46 year old male with a date of injury of 8/14/2012. Per report 8/13/14, the listed diagnosis is 7 month status post lumbar laminectomy and discectomy. According to this report the patient reports increasing residual low back pain with radiating pain down the right lower extremity. The Utilization review discusses a report dated 10/10/14, which was not provided for my review. According to this report, the patient continues to complain of moderate low back pain with intermittent numbness radiating down the right lower extremity. Examination revealed positive straight leg raise at 90 degrees bilaterally, and sensation decreased in the right lower extremity. An MRI of the lumbar spine dated 8/19/14, showed minimal retrolisthesis of L4 relative to L5 with an overlapping 4-5mm disk bulge; there is 4-5mm disk bulge at L5-S1. "There is no significant degenerative central canal stenosis." The request is for a Transforaminal lumbar epidural steroid injection to L4-S1. The Utilization review denied the request on 10/23/14. Treatment reports from 1/16/14 through 8/28/14 were provided for review.

### 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 L4-S1:** Upheld

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

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

**Decision rationale:** This patient presents with increasing residual low back pain with radiating pain down the right lower extremity. The current request is for a Transforaminal lumbar epidural steroid injection L4-S1. The progress reports provided for review do not discuss this request. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "Recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." It does not appear that this patient has trialed epidural steroid injections. In this case, the patient presents with some radiating symptoms, but MRI findings do not corroborate the patient's right lower extremity symptoms. MRI report from 08/25/2014 revealed "no significant degenerative central canal stenosis." The MTUS recommends ESI for patients with radiculopathy that is corroborated by MRI findings. The request is not medically necessary.