

<b>Case Number:</b>	CM14-0022218		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Pain Medicine, and is licensed to practice in Florida. 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 47-year-old male with a reported injury date of 02/13/2013. The mechanism of injury was not provided. The injured worker's diagnoses included left S1 radiculopathy, right L3-L4 radicular pain, and a large T5-T6 disc extrusion. Official MRI of the thoracic spine performed on 09/27/2013 read by [REDACTED] was noted to reveal a large left lateral to femoral T5-T6 disc protrusion measured at 5 mm x 13 mm, small central disc protrusion at T2-T3 and T3-T4 levels, mild to moderate bilateral facet disease at C6-T5, and moderate facet disease at T7-T10. An official electromyography and nerve conduction study performed on 11/18/2013 read by [REDACTED] was noted to reveal acute left S1 radiculopathy of the lower extremities. A procedural note dated 01/23/2014 noted that the injured worker underwent a caudal epidural steroid injection under fluoroscopy. The Physician's progress report dated 02/06/2014 noted that the injured worker had back pain and radicular pain worse on the left than on the right. It was also noted that the injured worker reported receiving minimal relief from the prior caudal epidural steroid injection. It was also noted that the patient had additional complaints that included numbness and weakness in the left leg. Upon examination, it was found that the injured worker had diffuse tenderness across the lower back, atrophy of the left gastric muscle, and absent left ankle reflex and diminished right knee reflex. It was also noted that sensation was reduced in the left lateral foot. The request for authorization asking for lumbar epidural injection was submitted on 09/08/2013, 10/07/2013, 10/17/2013, and 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION @ L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

**Decision rationale:** The request for a lumbar transforaminal epidural steroid injection at L5-S1 is not medically necessary. The California MTUS Guidelines may suggest epidural steroid injection as an option for the treatment of radicular pain as long as radiculopathy is documented by physical examination and corroborated by imaging studies, the injured worker has been unresponsive to conservative treatments, and that the injections must be performed using fluoroscopy. Although the injured worker has documented symptomatology of radiculopathy, there is however no documentation provided that shows the injured worker has received and failed adequate conservative care treatments. In addition, it is unclear from the request if this is a right versus left or bilateral injection and there is no request for fluoroscopy. Therefore the request is not medically necessary.