

<b>Case Number:</b>	CM14-0025144		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Anesthesiology and 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 53-year-old male who reported an injury on 11/08/2011. The diagnosis included lumbar radiculopathy with neural foraminal stenosis of L3-4 and L4-5. The mechanism of injury was a motor vehicle accident. The injured worker underwent surgical interventions and therapy. The injured worker underwent an MRI of the lumbar spine on 07/09/2013, which revealed the injured worker had degenerative disc disease and facet arthropathy with retrolisthesis of L3-4, grade 1 anterolisthesis of L4-5 and retrolisthesis of L5-S1 with left greater than right L4 and L5 pedicle/posterior element edema and stress reaction. There was canal stenosis including L3-4 and L4-5 that was mild. There was neural foraminal narrowing including L3-4 moderate left and L4-5 moderate left, as well as mild to moderate right neural foraminal narrowing. The physical examination dated 11/13/2013 revealed the injured worker had pain that radiated to the bilateral legs all the way to the feet. The injured worker had associated symptoms of numbness and tingling in his feet. The physical examination revealed the injured worker had tenderness to palpation of the bilateral lumbar facets with positive facet joint loading. There was a negative straight leg raise bilaterally. There was a positive Faber test bilaterally. The motor and sensation were intact to the lower extremities as were the deep tendon reflexes. The strength to the tibialis anterior, EHL, inversion and eversion were 5-/5. The diagnoses included lumbar radiculopathy with neural foraminal stenosis at L3-4 and L4-5. The treatment plan included a left lumbar transforaminal epidural steroid injection at L3-4 and L4-5 as well as medication refills.

### 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 LEFT L3-4, L4-5:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for injured workers who have documented objective findings of radiculopathy, that are corroborated by imaging studies and documentation the injured worker's pain is unresponsive to conservative care. The clinical documentation submitted for review failed to meet the above criteria. The injured worker had no objective findings of radiculopathy upon physical examination. The MRI failed to indicate the injured worker had nerve impingement. There was a lack of documentation of a failure of conservative treatment. Given the above, the request for a transforaminal lumbar epidural steroid injection left L3-4 and L4-5 is not medically necessary.