

<b>Case Number:</b>	CM14-0042324		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational Medicine 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 is a 34-year-old male with a 1/4/11 date of injury. The mechanism of injury was while he was working as a welder, he was bending over grinding and felt a pop in his low back and developed low back pain. According to a 3/17/14 progress note, the patient complained of low back and radiating left leg pain/paresthesias, constant leg and back pain of equal severity, 8/10 on a pain scale of 0-10. His pain is aggravated with standing, walking, sitting, bending, stooping, and twisting. His pain is alleviated only with his medication and modification of activity. The lumbar pain has become worse and is now associated with sciatica of the left lower extremity. Objective findings: Guarded ROM in all planes of lumbar spine, left leg pain with flexion, hypoaesthesia of left lateral leg and dorsal foot, normal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection for Left L4-5 and L5-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. There is documentation in a progress report dated 3/17/14 that the patient has decreased sensation of the left lateral leg and dorsal foot. In addition, an MRI report dated 5/9/12 revealed broad based posterior herniation of L4-5 disc with annular fissure causing mild narrowing of the central canal and neural foramina, bilaterally. A lumbar MRI demonstrated large disc herniations at L4-5 and L5-S1 of 8 mm and 7 mm, respectively, causing indentation into the thecal sac and impingement of the L4, L5, and S1 nerve roots. The patient is noted to have progressive worsening of his back pain since his date of injury, and the pain has begun to radiate into the lower extremities. He is noted to have activity modification, medication management, and chiropractic treatment previously. Therefore, the request for Transforaminal Epidural Steroid Injection for Left L4-5 and L5-S1 was medically necessary.