

<b>Case Number:</b>	CM14-0043601		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Orthopedic Surgeon 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 injured worker is a 52-year-old male who reported an injury on 10/09/2012. The mechanism of injury was not stated. The current diagnoses include lumbar degenerative disc disease with herniated nucleus pulposus, left knee meniscal tear, left lower extremity atrophy and weakness, and lower back pain. The injured worker was evaluated on 03/05/2014. It is noted that the injured worker has been previously treated with physical therapy. The physical examination on that date revealed left quadriceps atrophy. Treatment recommendations at that time included a referral to an orthopedic specialist for the left knee, left knee cryoablation, a left L4-5 transforaminal epidural steroid injection, and a refill of the current medication regimen. A request for authorization form was then submitted on 03/21/2014 for a transforaminal epidural steroid injection.

### 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 at left L4-L5: 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 Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there is no indication of an exhaustion of conservative treatment. There is also no objective evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of lumbar radiculopathy. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.