

<b>Case Number:</b>	CM14-0045231		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39 year old female who sustained an injury to her low back on 07/12/11. The mechanism of injury was not documented. Magnetic resonance image of the lumbar spine dated 11/07/13 revealed transitional vertebral body identified and called S1 for the purposes of this dictation; 1mm diffused disc bulge noted at L4-5 without thecal sac or nerve root compression; disc desiccation with a 1-2mm diffused disc bulge noted at the L5 and S1 levels; small annulus fibrosis fissure at the left posterior margin to the emerging left S1 nerve root; bilateral mild degenerative facet changes noted at this level. Physical examination noted flexion 30 degrees, extension 20 degrees, rotation bilaterally restricted and slightly painful; tender bilateral lumbar paraspinal muscle palpation with mildly palpable muscle spasms; bilateral straight leg raise negative; strength of the bilateral lower extremities 5/5; decreased sensation along the left L4 dermatomal distribution. Treatment to date has included a transcutaneous electrical nerve stimulation unit, medications, physical therapy, chiropractic, and acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection (ESI) under fluoroscopy left L4-5; L5-S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** The request for a transforaminal epidural steroid injection (ESI) under fluoroscopy at left L4-5 and L5-S1 is not medically necessary. The previous request was non-certified on the basis that radiculopathy was not documented with a dermatomal distribution of symptoms or root tension signs in the L5-S1 distribution with corroborative lesions seen on magnetic resonance imaging. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the absence of an active radiculopathy at the L4-5 and L5-S1 levels, the request for a transforaminal epidural steroid injection (ESI) under fluoroscopy at left L4-5 and L5-S1 is not medically necessary.