

<b>Case Number:</b>	CM14-0056810		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55 year old female was reportedly injured on September 27, 2001. The mechanism of injury is undisclosed. The most recent progress note, dated April 30, 2014, indicated that there were ongoing complaints of low back pain and left leg pain. There was a complaint of increasing spasms. Current medications include Morphine Sulfate (MS) Contin, Ambien, Lorzone, Mirapex, and Tizanidine. No new neurological deficits were noted on physical examination. The previous physical examination indicated decreased sensation on the left at C5 and C6. Diagnostic imaging studies of the lumbar spine revealed a posterior decompression at L5 and a lumbar interbody fusion at L4 to L5 and L5 to S1, also a Grade I retrolisthesis of L2 on L3 with a disc bulge, which is mildly impressing the thecal sac. Previous treatment includes a lumbar spine fusion at L4 to L5 and L5 to S1. A request was made for a right sided transforaminal epidural steroid injection at L2 to L3 and L3 to L4 and was not certified in the preauthorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right TFE (transforaminal epidural) injection at L2-3 and L3-4 (lower back) x1 as outpatient:** Upheld

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

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. Although the injured employee complains of low back pain radiating to the left lower extremity, there are no findings of radiculopathy on physical examination nor are there any signs of nerve root compromise on MRI. For these reasons, the request for a right sided transforaminal epidural steroid injection of the lumbar spine at L2 to L3 and L3 to L4 is not medically necessary.