

<b>Case Number:</b>	CM14-0061228		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 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 58-year-old female who reported an injury on 08/20/2012. She was bending down to put shoes away and felt a sharp pain in her lower back. On 02/27/2014, the injured worker presented with low back pain, with left leg pain and numbness with weakness, and left foot pain. Upon examination of the lumbar spine, there was pain to palpation over the paraspinal muscles and range of motion was limited secondary to pain. There was decreased range of motion with 4/5 strength to the left quadriceps and extensor hallucis longus. There was intermittent sensation along the thighs from his left foot area. There was a positive straight leg raise to the left and 1+ left knee deep tendon reflexes. The MRI of the lumbar spine performed on 10/29/2012 demonstrated a grade 1 to 2 spondylolisthesis at L3-4 and a disc herniation with annular tear at L4-5, and a mild disc protrusion at L4-5 and L5-S1. The diagnoses were spondylolisthesis at L3-4, grade 1 to 2, borderline instability at L3-4, disc protrusion at multiple levels, worse at L3-4 and to a lesser extent at L4-5 and L5-S1, and left leg radiculopathy/radiculitis. Prior therapy included anti-inflammatory medication, physical therapy, modification of activities, pain medication and pain management. The provider recommended a bilateral L4-5 and L5-S1 transforaminal ESI. The provider's rationale was not provided. The request for authorization form was dated 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopy:**  
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 Page(s): 46.

**Decision rationale:** According to the California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker completed initially recommended conservative treatment but continued to complain of pain. An MRI noted grade 1 to 2 spondylolisthesis at L3-4 and disc herniation with annular tear at L4-5 with mild disc protrusion at L4-5 and L5-S1. Physical examination findings noted a left-sided positive straight leg raise, pain to palpation to the lumbar spine, along with spasm and limited range of motion secondary to pain. There was also 4/5 motor strength noted in the left quadriceps and extensor hallucis longus. Physical examination findings and diagnostic testing failed to show a corroboration of radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. As such, the request for 1 Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopy is not medically necessary and appropriate.