

<b>Case Number:</b>	CM14-0068805		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 51-year-old male who reported an injury on 03/23/2010, who reportedly sustained an injury driving to work in the company truck. He was struck by another vehicle on the side. He sustained injuries to his neck, back, and right hand. The injured worker's treatment history included physical therapy, surgery, cortisone injections, neurological evaluation, medications, MRI, EMG/NCS. The injured worker was evaluated on 04/10/2014 and it was documented that the injured worker underwent a CT scan of the lumbar spine that revealed at L4-5 there does appear to be some slight bony overgrowth on the left neural foraminal causing moderate left-sided neural foraminal narrowing at L5-S1; there was moderate left-sided neural foraminal stenosis. The CT scan findings was not submitted for this review. The provider noted that the injured worker was approximately 1 year status post laminectomy TPLIF L4-5. He continued to complain of lower back pain with radiation to the left lower extremity in an L5 pattern. The provider noted he received a left gluteal bursa injection on the last visit with minimal relief. On examination, the radiating pain followed an L5 distribution in the left lower extremity. Tenderness to palpation was noted in the left distal lumbar paraspinals. The injured worker's strength was well maintained with only mild weakness of the left tibialis anterior that was rated 4+/5 to 5-/5. Diagnoses included lumbar radiculopathy, SP lumbar fusion. Sensation was intact bilaterally. There were no medications listed for the injured worker. The request for authorization dated on 04/11/2014 was for a transforaminal epidural steroid injection and the rationale due to the ongoing nature of his symptoms the provider was recommending transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One left L4-5 and L5-S1 transforaminal epidural steroid injection.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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:** Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESIs. The provider noted the injured worker had undergone a previous cortisone injection with minimal relief however, there was lack of documentation longevity of functional improvement. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker the diagnoses included herniated lumbar radiculopathy S/P lumbar fusion. Given the above, the request for 1 left L4-5 and L5-S1 transforaminal epidural steroid injection is non-certified.