

<b>Case Number:</b>	CM14-0075029		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and Florida. 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 patient is a 53 year old who was injured on 8/31/12. The diagnoses are low back pain and left hip pain. The MRI of the lumbar spine showed left neural foraminal stenosis L3-L4, L5-S1 and effacement of the theca sac. In 2012, the EMG/NCS showed S1 radiculopathy. The patient had completed 18 acupuncture sessions, physical therapy, and TENS unit use. On 4/28/14, the patient reported 7/10 pain. The medications were said to be helping. The objective findings are antalgic gait, decreased range of motion, and decreased sensation in the left L5 and S1 dermatomes. On 6/26/14, the pain score was noted to be 10/10 due to a flare-up despite doing a home exercise program three times a week. The medications are hydrocodone, naproxen, and Methoderm topical for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Transforaminal epidural steroid injection left L4, L5, S1:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS and the Official Disability Guidelines addressed the use of epidural steroid injections for the treatment of lumbar radiculopathy that is non responsive to conservative management with medications, physical therapy, and exercise. Epidural steroid injections can lead to reduction in inflammation and pain, reduction in medications utilization, delay and avoidance of surgery, and increase in activities of daily living and physical function. The records indicate that the patient have subjective, objective and radiological findings indicative of lumbar radiculopathy. The patient is having flare-ups of radicular pain despite being compliant with medication, acupuncture, and exercise programs. The criteria for transforaminal epidural steroid injections was met. As such, the request is medically necessary.