

<b>Case Number:</b>	CM14-0078154		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/28/13. A utilization review determination dated 5/6/14 recommends denial of Epidural Steroid Injection. 6/3/14 medical report identifies low back pain, left ankle/foot burning pain. On exam, the patient uses a cane due to a limp and unsteady stance. No abnormal neurological findings are noted. MRI from 10/23/13 is said to demonstrate central canal stenosis from L3 to S1 as well as epidural lipomatosis. A midline transforaminal ESI at L3-4 and L4-5 was proposed in an effort to ameliorate his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Midline transforaminal epidural steroid injection L3-4 and L4-5: Upheld**

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

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

**Decision rationale:** Regarding the request for midline transforaminal epidural steroid injection L3-4 and L4-5, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy on exam and imaging and/or

electrodiagnostic studies. Within the documentation available for review, there are no current objective examination findings supporting a diagnosis of radiculopathy corroborated by imaging or electrodiagnostic studies. In the absence of such documentation, the currently requested midline transforaminal epidural steroid injection L3-4 and L4-5 is not medically necessary.