

<b>Case Number:</b>	CM14-0091040		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in 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:

An 8/15/14 note indicates pain in the low back. It radiates to the buttocks and the mid posterior thighs. The insured is taking Norco, Ativan, and Aleve. Prior treatment includes physical therapy, acupuncture, and trigger point injections. An examination noted pain to palpation of the SI joints and pain increased with lumbar flexion. Straight leg raise was "unreadable." A 7/15/14 note indicates pain in the low back with strength rated 3/5 in multiple muscles in the bilateral lower extremities. Reflexes were symmetric. SLR was positive on the left. A MRI on 1/8/14 noted multilevel DJD with recess narrowing at L1-2 and an EMG report noted 7/7/14 bilateral radicular findings at S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal epidural steroid injection at L1-L2, L2-L# with Fluoroscopy:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary 3/18/14Armon ,2007

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in

more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radic

**Decision rationale:** The medical records do not indicate physical exam findings consistent with radiculopathy as the weakness is reported to be generalized and not specific to a dermatome. The MRI and EMG findings do not indicate corroboration to the physical exam findings in support of ESI under ODG guidelines. ODG notes: 1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Therefore this request is not medically necessary.