

<b>Case Number:</b>	CM14-0093016		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine & 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 patient is a 57-year-old male who has submitted a claim for lumbar intervertebral disc displacement without myelopathy and lumbosacral neuritis or radiculitis associated with an industrial injury date of March 8, 2000. Medical records from 2014 were reviewed. The patient complained of low back pain rated 9/10 radiating to the right leg all the way down to the foot. Numbness, paresthesia, and weakness were also noted. Physical examination of the lumbar spine showed limitation of motion; 2+ paravertebral muscle spasm and tenderness over the right; positive straight leg raise (SLR) at 30 degrees on the right; and decreased sensation to light touch on the right lateral thigh and calf. (Electromyography/Nerve conduction velocity) EMG/NCV performed on January 30, 2014 demonstrated moderate acute/chronic L5 and S1 radiculopathy on the right. MRI of the lumbar spine was not provided. The diagnoses were lumbar disc displacement, lumbar radiculopathy, and low back pain. Treatment to date has included topical medications, narcotics, muscle relaxants, heat/cold application, and physical therapy. Utilization review from June 3, 2014 denied the request for right L4-L5 transforaminal steroid injection. There were no physical findings, imaging study or electrodiagnostic study to support L4-5 radiculopathy. Additionally, the request includes sedation which is not supported by the guideline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 Transforaminal Steroid Injection:** 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 Page(s): 46.

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include documented radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing that is initially unresponsive to conservative treatment. In this case, there was no evidence of radiculopathy at the requested level for treatment based on physical examination findings and electrodiagnostic studies. The guideline requires objective radiculopathy corroborated by imaging or electrodiagnostic studies prior to treatment. Likewise, there was no objective evidence of trial and failure of other conservative treatment to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right L4-L5 Transforaminal Steroid Injection is not medically necessary.