

Case Number:	CM13-0045757		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2012
Decision Date:	03/10/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 31 year old male who suffered an unknown work related injury on 10/04/12. Per the physician's note from 11/21/13 he complains of low back pain that radiates to bilateral lower extremities. Pain levels are 8-9/10 without medications and 3-4/10 with medications. He was noted to be in moderate distress and moderated reduction is noted in the lumbar spine range of motion due to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Lumbar myofascial tenderness and paraspinous muscle spasm was noted on palpation. Diagnoses include lumbar radiculopathy, chronic pain, L5-S1 annular tear. The recommended treatment included bilateral L4-S1 transforaminal ESI. This treatment was non-certified by the Claims Administrator on 11/01/13 as the records do not support a focal radiculopathy. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L4-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION QTY:
4.00:** Upheld

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

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

Decision rationale: Bilateral transforaminal L4-S1 epidural steroid injection QTY 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate evidence of focal radicular findings that corroborate with imaging studies. The imaging studies do not reveal significant neural foraminal narrowing in the L4-S1 regions. The request for bilateral transforaminal L4-S1 epidural steroid injection qty 4 is not medically necessary.