

<b>Case Number:</b>	CM14-0186681		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/19/1980
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69-year-old male who reported an injury on 08/19/1980. The mechanism of injury was not stated. The current diagnoses include lumbosacral spondylosis without myelopathy, lumbar radiculopathy and mechanical low back pain. The injured worker was evaluated on 09/25/2014. Previous conservative treatment is noted to include physical therapy, medication management and lumbar medial branch blocks. The injured worker presented with complaints of persistent low back pain. Upon examination, there was pain with axial rotation and flexion, negative straight leg raise and negative Patrick's test. The injured worker reported bilateral radicular leg symptoms in the L4-5 distribution. Recommendations included a transforaminal epidural steroid injection with conscious sedation at L4-5. A Request for Authorization form was then submitted on 10/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Transforaminal Epidural Steroid Injections at L4-5 under Conscious Sedation for 30 mins and every 15 mins:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural Steroid Injections (ESIs)

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, there was no objective evidence of radiculopathy upon examination. There were no imaging studies or electrodiagnostic reports submitted for review. There was no mention of a recent attempt at conservative management in the form of active rehabilitation. Given the above, the request is not medically appropriate.