

<b>Case Number:</b>	CM14-0186919		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	11/05/1994
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/30/2014
<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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

69 year old female injured worker with date of injury 11/5/94 with related low back and neck pain. Per progress report dated 10/16/14, the injured worker complained of mostly left sided low back pain, as well as shooting pain down the left leg. Pain was constant. Per physical exam, tender myofascial trigger points were noted in the lumbar and the gluteal musculature bilaterally, worse on the left than the right. Reverse straight leg raising was positive on the left. Tenderness to palpation was noted over the left greater trochanteric bursa. Left knee reflex was diminished more than the left Achilles reflex, which was diminished, compared to the right. There was also significant decrease in strength and sensation at the left hip flexors and knee extensors, which was rated 4-/5 versus 5/5 on the right. She had 4+/5 strength in the distal lower extremity versus 5/5 on the right. MRI of the lumbar spine dated 11/2011 revealed disc desiccation and 1mm broad based posterior protrusion at L4-L5. Severe spinal canal stenosis was noted. Moderate-to-severe right neuroforaminal narrowing with encroaching of the exiting right L3 nerve root was noted. She was not taking any pain medication on an ongoing basis at the time of examination. Treatment to date has included physical therapy, acupuncture, traction, TENS, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection at the Left L3 and L4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The documentation submitted for review contains clinical exam findings of radiculopathy in the form of decreased sensation, weakness, and decreased reflexes. Imaging studies available for review confirm findings of radiculopathy. I disagree with the UR physician's assertion that response to some therapy (i.e. conservative) is not grounds to deny further therapy if the injured worker meets inclusion criteria and does not meet exclusionary criteria. The request for Transforaminal Epidural Steroid Injection at the Left L3 and L4 is medically necessary.