

<b>Case Number:</b>	CM14-0189712		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 and Rehabilitation, has a subspecialty in 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:

The injured worker is a 30-year-old male with an original date of injury of June 8, 2012. The patient has industrial diagnoses of the lumbar radiculopathy, chronic low back pain, and chronic pain syndrome. The patient also has documentation of testicular pain since June 2012 according to a progress note from 6/6/2014. Diagnostic workup of the lumbar spine has included an MRI which demonstrated grade spondylolisthesis of L3 on L4, disposing with annular tears at L3-L4, spondylosis, and multilevel disc desiccation. Physical examination documented abnormal sensation in the dermatomes of L1 and L2. The disputed request is for bilateral transforaminal epidural steroid injection at L1-L2. A utilization review determination had noncertified this request, on the basis that the physical examination was not corroborated by the lumbar MRI study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L1-L2 Transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** Regarding the request for lumbar epidural steroid injection/selective nerve root block, MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, it is evident that the patient has chronic growing and testicular pain. The inguinal area pain was felt to be due to nerve root impingement at the high lumbar level. However, the patient does have a complicating factor of inguinal hernia. The guidelines are very clear that lumbar MRIs should corroborate the subjective and objective findings. In this case, the lumbar MRI report was not submitted for review. There was no documentation of neural impingement at the L1 or L2 levels. Therefore, the requested lumbar epidural steroid injection is not medically necessary.