

<b>Case Number:</b>	CM14-0201822		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 45 year old female who was injured at work on 09/09/1999. She is reported to be experiencing increasing low back pain worse with standing and walking. She is stated to have responded well to epidural injections in the past when she had it in an unspecified level and unspecified date. The physical examination revealed broad based gait, and having to use 4 wheel walker with a seat and a left AFO; limited range of motion of the lumbar spine, especially extension; tenderness of the bilateral lumbar spine and buttocks; pain during straight leg raise, but not radicular in nature; negative straight leg raise; decreased strength with dorsiflexion of the right foot. The Lumbar MRI of 06/09/2010 is reported to have noted impingement of the exiting right L4 nerve root; broad based posterior disc protrusion with ligamentum flavum hypertrophy and osteophyte changes; severe central canal stenosis at L3-L4; extruded disc fragment impinging upon and deforms the right anterolateral aspect of the thecal sac. The worker has been diagnosed of Lumbar spinal stenosis severe at L3/L4, moderate stenosis at L4/L5; Post Laminectomy syndrome lumbar region; chronic low back pain; paresthesia; Joseph Machado disease, similar to ALS; Right peroneal nerve injury resulting in foot drop, Depression. Treatments have included Cymbalta, Neurontin, Zanaflex, pool therapy, hydrocodone. At dispute are the requests the request for Bilateral Neuroforaminal ESI at L3-4 with Fluoroscopic Guidance with Sedation by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Neuroforaminal ESI at L3-4 with Fluoroscopic Guidance with Sedation by [REDACTED]**  
[REDACTED]: Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker is a 45 year old female who was injured at work on 09/09/1999. She is reported to be experiencing increasing low back pain worse with standing and walking. She is stated to have responded well to epidural injections in the past when she had it in an unspecified level and unspecified date. The physical examination revealed broad based gait, and having to use 4 wheel walker with a seat and a left AFO; limited range of motion of the lumbar spine, especially extension; tenderness of the bilateral lumbar spine and buttocks; pain during straight leg raise, but not radicular in nature; negative straight leg raise; decreased strength with dorsiflexion of the right foot. The Lumbar MRI of 06/09/2010 is reported to have noted impingement of the exiting right L4 nerve root; broad based posterior disc protrusion with ligamentum flavum hypertrophy and osteophyte changes; severe central canal stenosis at L3-L4; extruded disc fragment impinging upon and deforms the right anterolateral aspect of the thecal sac. The worker has been diagnosed of Lumbar spinal stenosis severe at L3/L4, moderate stenosis at L4/L5; Post Laminectomy syndrome lumbar region; chronic low back pain; paresthesia; Joseph Machado disease, similar to ALS; Right peroneal nerve injury resulting in foot drop, Depression. Treatments have included Cymbalta, Neurontin, Zanaflex, pool therapy, hydrocodone. At dispute are the requests the request for Bilateral Neuroforaminal ESI at L3-4 with Fluoroscopic Guidance with Sedation by [REDACTED]