

<b>Case Number:</b>	CM14-0049775		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 32 year old male with an injury date of 06/04/13. Per the 02/17/14 report the patient presents with lower back pain more right than left with intermittent numbness and tingling and neuropathic pain in the lower extremities. Pain is rated 2-3/10 with medications and 7/10 without. The patient is not working. His gait is antalgic. Examination reveals tenderness over the paraspinals right more than left with positive straight leg raise bilaterally. The utilization review cites a MRI lumbar from 08/15/13. The study is not included for review. The 02/17/14 report cites an MRI of unknown date showing: 1. Minor disc desiccation at L3-4 and L5-S1 with limited annular bulging a multiple lumbar levels with no focal protrusion evident. 2. Degenerative overgrowth in the facets along with ligamentous hypertrophy. 3. In conjunction with a limited disc bulges there is protrusion of moderate central spinal stenosis. 4. At L3-4 the AP midlines dimension of the thecal sac is 8 mm; L4-5 7mm and L5-S1 no significant stenosis is identified. The patient's diagnoses include: 1. Lower back pain. 2. Right lower extremity paresthesias. 3. Lumbar disc bulging. 4. Lumbar facet pain. 5. Myofascial pain. The utilization review is dated 04/09/14. Reports were provided for review from 11/25/13 to 02/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar ESI (Epidural Steroid Injection)- S1- under Fluoroscopic guidance and conscious sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46 & 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

**Decision rationale:** The patient presents with "lower back pain more right than left extending to the lower extremities" with intermittent numbness and tingling rated 2-3/10 with medications and 7/10 without. The current request is for Transforaminal Lumbar ESI (Epidural Steroid Injection)- S1- under Fluoroscopic guidance and conscious sedation per RFA of 02/21/14 which states the TFESI is to the bilateral S1."MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement." MTUS also states radiculopathy must be corroborated by imaging and/or electrodiagnostic testing. In this case, the patient has radicular symptoms extending from the lower back to the lower extremities and "positive straight leg raise bilaterally." There is no evidence of a prior ESI for this patient. No imaging reports are provided for review; however, the 02/17/14 report cites MRI findings of "moderate central canal stenosis" but the level is not clear. Further findings state that at L5-S1 no significant stenosis is noted. The 02/10/14 reports states the request for EMG studies is still pending. Imaging does not confirm stenosis at the L1 level and there are no documented EMG studies confirming radiculopathy as required by MTUS. The request IS NOT medically necessary.