

<b>Case Number:</b>	CM15-0008152		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 37 year old male, who sustained an industrial injury on May 4, 2004, while working as an Emergency Medical Technician (EMT). He has reported immediate, severe pain in the low back with radiation down the legs. The diagnoses have included chronic back pain, seizure disorder, failed back syndrome, and left L3 radiculitis secondary to Left L3-L4 spondylosis with foraminal stenosis. Treatment to date has included epidural steroid injections, four lumbar spine surgeries including two laminectomies, disk replacement and lumbar fusion, physical therapy, and medications. Currently, the injured worker complains of more left leg pain than right sided symptoms, with tingling of the medial aspect of the left ankle, and low back pain. A Physician's progress note dated December 1, 2014, noted plain x-rays showing narrowing of the L3-L4 disc space, and an October 7, 2014, lumbar MRI showing a bulging disc at L3-L4 with facet hypertrophy and central canal and left foraminal stenosis at L3-L4. The physical examination was noted to show no new objective findings compared to the neurological and musculoskeletal examination dated November 3, 2014. A 12/1/14 progress note indicates that the patient has more left leg pain and this involved the medial knee and thigh. He has tingling of the medial aspect of his left ankle. There were no new findings from 11/3. An 11/3/13 progress note indicates that there was decreased sensation in the left L3,L4 dermatomes. Deep tendon reflexes were absent at knee and ankle. Nerve stretch tests were negative. Motor strength was 5/5 in the muscle groups. On December 16, 2014, Utilization Review non-certified a left L3-L4 transforaminal epidural steroid injection, noting that clinical radiculopathy corroborated by imaging or electrical studies was not evident, and the examination revealed no objective

findings. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of a left L3-L4 transforaminal epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left L3-L4 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

**Decision rationale:** Left L3-L4 transforaminal epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The documentation does not reveal evidence of radiculopathy on physical exam. Nerve stretch tests were reported as negative on recent physical examination. The request for left L3-4 transformaminal epidural steroid injection is not medically necessary.