

<b>Case Number:</b>	CM14-0122262		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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:

This is a 58-year-old female with a date of injury of 12/22/2010. The patients' diagnoses include bilateral lower back pain, left lower extremity pain, right lower extremity pain, lumbar degenerative disc disease, disc protrusions, lumbar facet arthropathy and lumbar radiculopathy. Diagnostic imaging includes MRI and X-rays. According to the medical documentation MRI imaging from 04/11/2012 and 06/06/2013 reveals L5-S1 disc protrusion and bilateral neural foraminal narrowing/stenosis, anterolisthesis noted over L4 and L5 vertebra, retrolisthesis L4 and L5 over S1 vertebra. Physical examination findings from 06/21/2014 reveal grossly intact sensory exam without deficits. The medical documentation includes an electrodiagnostic report from 09/06/2012 which reveals no electrical evidence of active radiculopathy, plexopathy or other focal or generalized neuropathy involving the lower limbs to explain symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection, L5-S1, Bilaterally:** Upheld

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

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

**Decision rationale:** This is a review for the requested Transforaminal Epidural Steroid Injection, L5-S1 Bilaterally. According to MTUS Guidelines, epidural steroid injections are recommended for treatment of radicular pain. Radicular pain or radiculopathy is the number one criteria for the use of epidural steroid injections per MTUS Guidelines. According to the medical documentation this patient does not have physical exam findings consistent with radiculopathy. Additionally, this patient's electrodiagnostic testing is not consistent with radiculopathy. Even when epidural steroid injections are recommended they typically do not provide for long-term pain relief. In this case the patient does not meet the diagnostic criteria for the use of epidural steroid injection. Therefore, the above listed issue is considered to be NOT medically necessary.