

<b>Case Number:</b>	CM14-0129065		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 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 patient is a 59 year old male who was injured on 04/23/2013 when he was struck by a cart when he felt severe pain in his lower back. He has had physical therapy which provided some relief. Progress report dated 6/5/2014 documented the patient to have complaints of constant low back pain radiating to the lower extremities with associated numbness and tingling. He rated his pain as a 6/10. He reported with his medications, his pain rate is 5-6/10 and without them a 7/10. On exam, lumbar spine range of motion revealed flexion at 30; extension at 10; right lateral flexion at 15 and left lateral flexion at 15. Straight leg raise is positive bilaterally. There is tenderness of the paravertebral muscles with spasms. Bilateral lower extremities sensation decreased at L5-S1. He is diagnosed with lumbar radiculopathy, lumbar spinal stenosis, lumbar spondylosis, lumbar disc protrusion, and lumbar facet syndrome. He has been recommended for a lumbar transforaminal steroid injection at L3-4 and L4-L5. Prior utilization review dated 07/23/2014 by [REDACTED] states the request for 1 lumbar transforaminal steroid injection at L3-4 and L4-5 is modified to certify 1 lumbar transforaminal steroid injection at L4-L5 between 05/08/2014 and 09/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar transforaminal steroid injection at L3-4 and L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009, regarding Epi.

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

**Decision rationale:** Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)... 7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record does not show physical exam that corroborate with L3-4 radiculopathy. The medical necessity is not established for this request.