

<b>Case Number:</b>	CM14-0141091		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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 injured worker is a 38 year old male with a reported injury on 02/04/2014. The mechanism of injury was not provided. The injured worker's diagnoses included low back pain, left leg pain, and lumbosacral radiculopathy. The injured worker's past treatments included medication, physical therapy, chiropractic care, and home exercises. The injured worker's diagnostic testing included a lumbar MRI on 07/15/2014 which revealed mild degenerative changes most pronounced at L4-5 and L5-S1 where disc bulging and posterior disc protrusions result in variable levels of thecal sac effacement and lateral recess stenosis. No advanced foraminal encroachment was seen. No surgical history was provided. The injured worker was evaluated for low back and left leg pain rated as 5/10 on 08/26/2014. The clinician observed and reported lower extremity strength measured 5/5 except the left extensor hallucis longus where strength was measured at 5-/5. The reflexes were 1+, and gross sensation was intact. The straight leg raise in the sitting position caused the injured worker to complain of tightness in the back. There was tenderness to palpation with spasm in the lumbosacral paraspinal muscles and tender areas over the lower lumbosacral facet joints. Range of motion was not tested. The injured worker's medications included Norco, Relafen, and Robaxin. The request was for Left L4-L5 and L5-S1 Transforaminal ESI (Epidural Steroid Injection) for the treatment of low back and left leg pain. The request for authorization form was submitted on 08/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 and L5-S1 Transforaminal ESI (Epidural Steroid Injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI), (selective Nerve Root Block/Tra.

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

**Decision rationale:** The request for Left L4-L5 and L5-S1 Transforaminal ESI (Epidural Steroid Injection) is not medically necessary. The injured worker complained of low back and left leg pain. The California MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance. The provided documentation did not demonstrate weakness or loss of sensation in a specific dermatomal distribution pattern. The most recent MRI revealed disc bulging and posterior disc protrusions result in variable levels of thecal sac effacement and lateral recess stenosis at L4-5 and L5-S1. No advanced foraminal encroachment was seen. The request did not include fluoroscopy for guidance. Therefore, the request for Left L4-L5 and L5-S1 Transforaminal ESI (Epidural Steroid Injection) is not medically necessary.