

<b>Case Number:</b>	CM14-0143454		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/22/2008
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Orthopedic Surgery, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas & Colorado. 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 injured worker is a 53-year-old female with a reported date of injury of 07/22/2008. The mechanism of injury was not stated. Her diagnoses included carpal tunnel syndrome, ulnar neuropathy, shoulder pain, and lumbar radiculopathy. Past treatments included medications, cognitive behavioral therapy, and a home exercise program. Her diagnostic studies included an electromyogram (EMG) on 12/10/2012 which was noted to reveal radiculopathy at right L5, and bilateral L5 and S1. She was also noted to have an MRI of the lumbar spine; however, the results were not provided. On 08/04/2014, the injured worker presented with complaints of neck pain, lower back ache, left shoulder pain, and left knee pain. She reported an increase in pain level; however, there was no change in the location of the pain. Only the first page of the 08/04/2014 clinical report was provided and physical exam findings, a treatment plan, and rationale for the requested lumbar epidural steroid injection were not included. The Request for Authorization form was also not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural injection at L4 and L5 both:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for transforaminal lumbar epidural injection at L4 and L5 both is not medically necessary. The California MTUS Guidelines recommend epidural steroid injection to reduce radicular pain and facilitate progress in more active treatment programs when findings suggestive of radiculopathy on physical examination are corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state that the patient needs to have been initially unresponsive to conservative treatment, including home exercise, physical therapy, NSAIDs and muscle relaxants. The injured worker was noted to have low back pain and to have had EMG findings suggestive of radiculopathy. However, there was no description of radicular pain into either lower extremity within the most recent clinical note. There were also no recent physical examination findings to provide evidence of radiculopathy or diagnostic test reports for corroboration. Furthermore, there was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. As such, the request is not medically necessary.