

<b>Case Number:</b>	CM14-0147656		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/19/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 53-year-old male who reported injury on 06/19/2011. Mechanism of injury was not submitted for review. The injured worker has diagnoses of L4 compression fracture, lumbar spine degenerative disc disease and facet arthropathy, and lumbar radiculopathy on the right at the L3-4 dermatomal distribution. Medical treatment consists of physical therapy, heat packs, and medication therapy. Medications consist of Norco and Terocin patches. The injured worker underwent an MRI of the lumbar spine on 11/11/2013, which revealed degenerative spondylosis of the lumbar spine, most notable at L3-4, and mild to moderate multilevel degenerative facet joint arthrosis. On 08/05/2014, the injured worker complained of low back pain. It was noted on physical examination that the injured worker's pain rate was a 6/10 to 7/10. Sensation to pinprick was intact bilaterally to the lower extremities. Motor strength revealed 5-/5 strength in the right DF, EML, right hip flexion, and knee extension. It was noted that the injured worker was hyperreflexic bilaterally in the patella. Babinski and clonus were negative bilaterally. Straight leg raise was positive on the right at 50 degrees, with radiating symptoms to the quadriceps. Straight leg raise was negative on the left. Medical treatment plan was for the injured worker to undergo Epidural Steroid Injections at the L3-4 and L4-5 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right transforaminal epidural steroid injection L3-L4, L4-L5: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for the use of ESIs are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The submitted documentation lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. Additionally, there was a lack of documentation of the injured worker having an initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. Furthermore, the request as submitted did not indicate the use of fluoroscopy for guidance. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for a right Transforaminal Epidural Steroid Injection L3-L4, L4-L5 is not medically necessary and appropriate.