

<b>Case Number:</b>	CM14-0160021		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine 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:

Patient is a 52-year-old female who has submitted a claim for lumbar disc degenerative disorder, chronic pain syndrome, and lumbosacral neuritis associated with an industrial injury date of 01/11/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, rated 7/10 in severity, radiating to bilateral lower extremities. Pain was associated with weakness, numbness and tingling sensation. Aggravating factors included prolonged walking and standing. Physical examination of the lumbar spine showed tenderness, muscle spasm, and positive straight leg raise test at the left. Motor and sensory exam were intact. MRI of the lumbar spine, dated 8/16/2013, demonstrated a 6.4 mm disc bulge at the L3-L4, which mildly impresses on the thecal sac. At L4-L5 level, there was a 5.2 mm circumferential disc bulge, which mildly impresses on the thecal sac. Mild bilateral neural foraminal narrowing was noted at both levels. Treatment to date has included left L5 epidural steroid injection (resulting to minimal improvement), chiropractic care, physical therapy, acupuncture, and medications. Utilization review from 08/25/2014 denied the request for Lumbar transforaminal epidural steroid guidance on the left at the L3-L4 and L4-L5 levels because of a lack of significant improvement from the previous ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid guidance on the left at the L#-L4 and L4-L5 levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections, and AMA Guides, 5th Edition

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of low back pain, rated 7/10 in severity, radiating to bilateral lower extremities. Pain was associated with weakness, numbness and tingling sensation. Aggravating factors included prolonged walking and standing. Physical examination of the lumbar spine showed tenderness, muscle spasm, and positive straight leg raise test at the left. Motor and sensory exam were intact. However, clinical manifestations were not consistent with radiculopathy. Moreover, MRI of the lumbar spine, dated 8/16/2013, only showed mild bilateral neural foraminal narrowing at L3-L4 and L4-L5 levels. Lastly, previous left L5 epidural steroid injection resulted only to minimal improvement. Guideline criteria were not met. Therefore, the request for Lumbar transforaminal epidural steroid guidance on the left at the L3-L4 and L4-L5 levels was not medically necessary.