

<b>Case Number:</b>	CM14-0099452		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Nevada. 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 records presented for review indicate that this 45-year-old gentleman was reportedly injured on September 13, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 30, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness and spasms along the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. There was decreased muscle strength at the extensor hallucis longus on the left side rated at 5-/5. There was also a nonspecific decreased sensation over the left leg. Diagnostic imaging studies of the lumbar spine revealed a broad-based disc protrusion at L4 - L5 abutting the traversing left greater than right L5 nerve roots. There was also disk bulging at L2 - L3 and L3 - L4. Previous treatment is unknown. A request had been made for a lumbar spine transforaminal epidural steroid injection at the left L4 - L5 and L5 - S1 under fluoroscopic guidance and was not certified in the pre-authorization process on June 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Transforaminal Epidural Steroid Injection at Left L4-L5 and L5-S1 under Fluoroscopic Guidance as Outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low>

Back Disorders.ACOEM-[https://www.acoempracguides.org/Chronic Pain](https://www.acoempracguides.org/Chronic%20Pain)Table 2, Summary of Recommendations, Chronic Pain Disorders.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for an epidural steroid injection includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MRI the lumbar spine shows L5 nerve root involvement. The lumbar spine MRI does not show any nerve root involvement at this level. Additionally the physical examination does not indicate any S1 nerve weakness or decreased sensation. Considering this, the request for a lumbar spine transforaminal epidural steroid injection at the left L4 - L5 and L5 - S1 levels under fluoroscopic guidance is not medically necessary and appropriate.