

<b>Case Number:</b>	CM14-0218031		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/31/2005
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old female with a reported date of injury on 08/17/2010; the mechanism of injury is not provided. The diagnoses include lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, thoracic/lumbosacral neuritis and low back pain. Prior treatment options were noted to include epidural injections at unknown level. An MRI of the lumbar spine performed on 10/24/2014 revealed minimal disc degeneration with no evidence of central spinal canal or neural foraminal compromise. An EMG/NCV study performed on 11/01/2013 was noted to demonstrate left L5-S1 radiculopathy and bilateral sensory neuropathy. A progress note dated 11/18/2014 noted the injured worker had subjective complaints of right gluteal thigh pain. It was also noted that the injured worker had complaints of numbness in the right foot. On physical examination of the lumbar spine, the injured worker had range of motion that was preserved. A seated straight leg raise was negative bilaterally. Sensory examination revealed intact sensation to light touch and reflexes were 2+ throughout. The progress note also indicates that the physician reviewed the MRI performed on 10/24/2014 at which time the physician stated that there was a far right lateral disc protrusion at L3-4 that deflects the dorsal ganglion as well as a bulge that enters the L4 intervertebral foramen on the right. However, these findings were not notated on the official radiology note. Under the treatment plan, it was noted that the physician was recommending an L3 and L4 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3 TFESI (transforaminal epidural steroid injection):** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections may be recommended in patients that have radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that pain has been unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. There is lack of evidence that the injured worker has attempted an adequate amount of conservative therapy to include home exercise program and physical therapy. Additionally, there is no significant pathology noted on the official imaging study that would correlate with radiculopathy and there is lack of objective physical exam findings of radiculopathy to the L3 specific dermatome pattern that would support the need for epidural steroid injection at this level. As such, the request for Right L3 TFESI (transforaminal epidural steroid injection) is not medically necessary.