

<b>Case Number:</b>	CM13-0057115		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 55-year-old male who has submitted a claim for lumbar disc protrusion associated with an industrial injury date of May 30, 2013. Medical records from 2013 were reviewed. The patient complained of low back pain radiating to the right buttock and right lower extremity with tingling down the posterior thigh to the mid calf. Pain is aggravated with sitting. There was also intermittent tingling in the right heel with numbness in the inner thigh down the toes. Physical examination showed tenderness over the lumbar paraspinal muscles. Straight leg raise on the right increased low back pain. MRI of the lumbar spine on August 9, 2013 revealed a 5mm left paracentral protrusion at L4-5 that causes mild to moderate spinal and left axillary recess stenosis with possible neuropathic encroaching on the left L5 nerve; bilateral inflammatory facet arthropathy at L4-5 that may be contributing to the patient's symptoms; and apex leftward rotational curvature in the lumbar spine. The diagnoses were disk protrusion/annular tear resulting in mild to moderate central stenosis at L4-5 with lateral recess stenosis; and low back pain with right lower extremity pain. Treatment to date has included oral analgesics, physical therapy, exercise program, cortisone injection, chiropractic treatment, and acupuncture. Utilization review from October 30, 2013 denied the request for translaminar epidural steroid injection at L4-5. There was no significant objective finding of radiculopathy, and patient's response to conservative treatment was not documented. There is also no indication that ESI will be done under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **TRANSLAMINAR EPIDURAL STEROID INJECTION AT L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections should include documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; should be performed using fluoroscopy (live x-ray) for guidance; and initially unresponsive to conservative treatment. In this case, MRI of the lumbar spine on August 9, 2013 showed bilateral inflammatory facet arthropathy at L4-5 that may be contributing to the patient's symptoms. However, there was no objective finding of radiculopathy at this level based on the most recent physical examination. The guideline requires presence of objective radiculopathy corroborated by imaging studies. Furthermore, there was no evidence that conservative treatment has failed to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for translaminar epidural steroid injection at L4-5 is not medically necessary.