

<b>Case Number:</b>	CM13-0011257		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 physician 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 was a 43 year old male with a history of low back pain resulting from lifting a heavy box on 02/26/2013. The patient participated in chiropractic sessions which were noted to not improve his condition. The patient had an MRI which noted the findings as posterior central annular disc tear L3-4 and L3-5, no spinal canal or neural foramina narrowing. The patient was seen on 10/03/2013 which stated the patient had no evidence of distal neurological compromise. The patient was seen on 11/14/2013; however, no physical findings were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLOUROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL:** Upheld

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

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

**Decision rationale:** The request for Injection(s), Anesthetic Agent and/or steroid, Transforaminal Epidural, with Imaging Guidance (Fluoroscopy or CT), Lumbar or Sacral, Single

Level is non-certified. The patient had ongoing symptoms of low back pain. However, the physical examination findings and imaging studies do not corroborate a finding of radiculopathy. The California MTUS guidelines recommend the use of epidural steroid injection for radicular pain when corroborated with imaging studies and physical findings. Furthermore, the request did not specify which level was being requested for treatment. It is additionally noted the request stated guidance as fluoroscopy or CT. The guidelines recommend injections be performed using fluoroscopy (live x-ray) for guidance. The use of CT for guidance is not recommended. Given the information submitted for review the request for Injection(s), Anesthetic Agent and/or steroid, Transforaminal Epidural, with Imaging Guidance (Fluoroscopy or CT), Lumbar or Sacral, Single Level is non-certified.