

<b>Case Number:</b>	CM13-0018524		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 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 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 applicant filed a claim for chronic low back pain reportedly associated with an industrial injury of April 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; at least one prior lumbar epidural steroid injection in 2011; transfer of care to and from various providers in various specialties; muscle relaxants; unspecified amounts of acupuncture; prior lumbar discectomy/decompressive surgery on September 20, 2011; topical compounds; initial return to work following prior surgery; and subsequent removal from the workplace. In a May 2, 2012 questionnaire, it is stated that the applicant has returned to work. An earlier note of July 24, 2012, also suggested that the applicant has been returned to his usual and customary occupation. Further questionnaires of the applicant interspersed throughout the file, including a questionnaire dated August 15, 2012, do suggest that the applicant has been returned to work. In a Utilization Review Report of August 23, 2013, the claims administrator certified a pain management follow-up visit and denied a request for an epidural steroid injection, stating that there is no objective evidence of radiculopathy and no noted functional benefit with prior injection therapy. Finally reviewed is a July 18, 2013 progress note suggesting that the applicant reports 8/10 low back pain. The applicant did cease working about one to two months prior as a field worker. He exhibits diminished sensation about the left leg with 4+ to 5-/5 lower extremity strength noted. Epidural steroid injection therapy is sought so that the applicant can try and avoid surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted on the page 46 of the MTUS Chronic Pain Guidelines, epidural steroid injections are indicated in the treatment and management of clinically evident radiculopathy that is either radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have signs and symptoms of active radiculopathy status post prior lumbar decompression surgery. The applicant does not appear to have had epidural steroid injection therapy following prior lumbar decompression surgery. He does have an active lumbar radiculopathy. He is intent on avoiding surgery, which is part of the criteria for use of epidural steroid injections in the MTUS Chronic Pain Guidelines. A trial of an epidural steroid injection is seemingly indicated in this context. Therefore, the original utilization review decision is overturned. The request is certified on Independent Medical Review.