

<b>Case Number:</b>	CM13-0022928		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 53-year-old injured worker who reported an injury on 01/16/2013. The patient is currently diagnosed with lumbar sprain and strain, lumbar radiculopathy, and lumbar degenerative disc disease. The patient was seen by [REDACTED] on 03/15/2013. The patient reported slight improvement in lower back pain with continued sciatica to the left lower extremity. Physical examination revealed diminished lumbar range of motion with pain. Treatment recommendations included a referral to pain management specialist for epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection on the left at L5-S1: Upheld**

**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:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no documentation of a failure to respond to conservative treatment including physical therapy. There is no documentation of signs and symptoms of radiculopathy on physical exam that specifically correlate with an L5-S1 nerve root pathology. Based on the clinical information received, the patient does not currently meet criteria for an epidural steroid injection. The request for a transforaminal epidural steroid injection on the left at L5-S1 is not medically necessary and appropriate.

**1 epidurography with anesthesia:** Upheld

**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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.