

<b>Case Number:</b>	CM13-0058681		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 42-year-old female who reported an injury on 07/31/2013. The mechanism of injury involved heavy lifting. Current diagnoses include chronic pain syndrome, disc displacement with radiculitis in the lumbar spine, degeneration of lumbar or lumbosacral intervertebral discs, lumbago, sacroiliitis, and lumbar sprain and strain. The injured worker was evaluated on 11/04/2013. The injured worker reported persistent lower back pain with radiation into the right lower extremity. Previous conservative treatment includes a course of physical therapy and a home exercise program. Physical examination revealed positive straight leg raising on the right, tenderness to palpation, a normal gait, intact sensation, normal motor examination, and 1+ deep tendon reflexes. Treatment recommendations included a right L5-S1 transforaminal 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 at the right L5-S1:** Upheld

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

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

**Decision rationale:** 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. The injured worker's physical examination does not reveal any evidence of radiculopathy. There were also no imaging studies or electrodiagnostic reports submitted for review. Therefore, the injured worker does not currently meet criteria for a transforaminal epidural steroid injection. As such, the request is non-certified.