

<b>Case Number:</b>	CM13-0060432		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/27/1997
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Family Practice 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 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:

This is a 49-year-old female claimant sustained a work injury on 1/27/97 involving the back. She had a diagnosis of chronic back pain. She had undergone physical therapy as well as used oral analgesics and steroids to improve function and pain. An MRI in December 2012 demonstrated central disc protrusion of the L5-S1 level. A progress note on January 14, 2013 indicated she had limiting discomfort and overall 80% improvement in her symptoms. She was unable to walk normally and had a limp after first several steps. The treating physician recommended epidural Stewart injections should her symptoms persist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Transforaminal Lumbar Epidural Steroid Injection Left L3-4 AND L4-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Epidural injections for back pain without radiculopathy are not recommended. In this case the physical examination does not note radicular findings. The claimant had significant improvement in symptoms except for mild gait disturbances. Based on

the clinical exam findings the request for transforaminal lumbar epidural steroid injections are not medically necessary.