

<b>Case Number:</b>	CM14-0000528		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Neurology, 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:

██████████ is a 56 year old woman who sustained a work related injury on January 20, 2009. Subsequently, she developed chronic back pain and was treated for lumbosacral disc degeneration. Her MRI of the lumbar spine performed on August 20, 2015 demonstrated the mild spondylolisthesis, bilateral facet joint arthritis seen from L2-S1 bilaterally. Her electrodiagnostic study performed on December 9, 2013 demonstrated possible lumbar radiculopathy. According to recent progress note dated on December 9, 2013 the patient was complaining to of lower back pain. Her physical examination demonstrated tenderness in the lumbosacral junction and lumbar limitation of range of motion. The provider requested authorization for transforaminal epidural 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 L3, L4 and L5:** 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:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, transforaminal Epidural Steroid Injection L3, L4 and L5 is not medically necessary.