

<b>Case Number:</b>	CM14-0009614		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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:

According to the records made available for review, this is a 36-year-old male with an 11/5/11 date of injury. At the time (1/6/14) of the Decision for one transforaminal epidural steroid injection (TFESI) left at L5 and S1, there is documentation of subjective (lumbar spine pain) and objective (antalgic gait, decreased sensation and slight weakness in the bilateral lower extremities) findings, current diagnosis (lumbar radiculitis), and treatment to date (epidural steroid injection on 10/17/13 that offered minimal benefit).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE TRANSFORAMINAL EPIDURAL STEROID INJECTION (TFESI) LEFT AT L5 AND S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain

relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculitis. In addition, there is documentation of epidural steroid injection on 10/17/13 that offered minimal benefit. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response after the previous injection. Therefore, based on guidelines and a review of the evidence, the request for a transforaminal epidural steroid injection (TFESI) left at L5 and S1 is not medically necessary.