

<b>Case Number:</b>	CM14-0108790		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/01/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 30-year-old with a reported date of injury of 02/01/2014. The patient has the diagnoses of low back pain, degenerative disc disease with annular tear at L4/5, right L5 radiculitis and bilateral sacroilitis. Per the progress notes provided by the primary treating physician dated 06/13/2014, the patient had complaints of low back pain rated a 4/10 characterized as a constant aching low back pain with radiation to the right leg with numbness and tingling. The physical exam noted tenderness at the L4/5 disk space and bilateral sacroiliac joints. There was decreased range of motion in the lumbar spine and grossly intact sensation to light touch in the bilateral lower extremities. The treatment plan recommendations included physical therapy and L5 epidural steroid injections and a request for a home TENs unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5 transforaminal steroid injection under flouro guidance, quantity three:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

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

**Decision rationale:** This patient does have a diagnosis of radicular pain and an annular tear at L4/5. However there is no documentation of failure of conservative measures as the patient had not even started the recommended physical therapy at the time of request. In addition the guidelines do not recommend more than 2 ESI and the request is for a quantity of 3. For these reasons the criteria set forth above have not been met. Therefore the request is not medically necessary.