

<b>Case Number:</b>	CM14-0127286		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 36-year-old gentleman was reportedly injured on July 24, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of neck pain, back pain, and intermittent right foot pain. Physical examination demonstrated lumbar spine paraspinal tenderness and a positive facet loading test. There was decreased lumbar spine range of motion and decreased sensation in the right sided L5 and S1 dermatomal distributions. There was also decreased right lower extremity strength. Diagnostic imaging studies of the lumbar spine indicated a disc protrusion at L5 - S1 as well as foraminal stenosis at L4 - L5 and L3 - L4. Nerve conduction studies of the lower extremities were normal. Previous treatment includes chiropractic care, physical therapy, acupuncture, and previous epidural steroid injections. A request had been made for a right-sided L5 - S1 transforaminal epidural steroid injection and was not certified in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right L5 and S1 Transforaminal Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** According to the attached medical record the injured employee has had a previous epidural steroid injection which did not provide significant pain relief. Furthermore the MRI the lumbar spine does not indicate any nerve root impingement correspond with the injured employee symptoms and physical examination findings. For these reasons this request for a right-sided L5 and S1 transforaminal epidural steroid injection is not medically necessary.