

<b>Case Number:</b>	CM14-0032542		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 52-year-old female was reportedly injured on August 12, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 26, 2014, indicated that there were ongoing complaints of low back pain. The injured employee has recently had a lumbar epidural steroid injection (ESI) with a reported 10% relief. The physical examination demonstrated decreased lumbar spine range of motion and decreased sensation in the L4 and L5 nerve distributions on the left more so than the right side. There were normal lower extremity strength and reflexes. Diagnostic imaging studies reported a grade 1 anterolisthesis of L4 on L5 with a 3 mm disc protrusion and facet hypertrophy. There were also moderate canal and foraminal stenoses at L4-L3 and L5-S1. Previous treatment included epidural steroid injections. A request had been made for a bilateral L4 transforaminal epidural steroid injection under fluoroscopy and was not certified in the pre-authorization process on March 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 Transforaminal ESI under Fluoroscopy:** 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 ESI  
Page(s): 46 of 127.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, recommendations for an epidural steroid injection include that a radiculopathy must be corroborated by physical examination as well as imaging studies and/or electrodiagnostic testing, and that the previous injection should provide at least 50% pain relief for 6 to 8 weeks. According to the progress note dated February 26, 2014, the injured employee only had good pain relief for two or three days and then had subsequent 10% pain relief. Therefore, this request is not medically necessary.