

<b>Case Number:</b>	CM14-0036597		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, has a subspecialty in Pain Medicine 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:

The injured worker is a 43-year-old female who reported an injury on 08/07/2008. The mechanism of injury was not specifically stated. Current diagnoses include low back sprain with left-sided radiculopathy, status post left L5-S1 discectomy, L5-S1 radiculopathy, and bilateral neural foraminal narrowing. The only documentation submitted for this review is a qualified medical re-evaluation on 06/18/2013. The injured worker reported persistent lower back pain with radiation into the lower extremities. Physical examination revealed slightly limited range of motion with negative straight leg raising and intact sensation. Treatment recommendations at that time included activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal steroid injection left L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for the treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no documentation of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There was no mention of an exhaustion of conservative treatment. Based on the clinical information received, and the California MTUS Guidelines, the request is not medically necessary.