

<b>Case Number:</b>	CM14-0041075		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/05/2005
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Texas. 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:

Medical records reflect a claimant with an injury dated 10-5-05 who has been treated conservatively with medications and a lumbar epidural steroid injection. Computed tomography from 6-6-13 shows severe left foramen narrowing at L5 impinging the left L5 root. Severe left facet arthrosis at L5-S1 with moderate facet arthrosis at L4-L5. Last epidural steroid injection was 1-24-14 noting 80% improvement which allows him to work. On 3-20-14, it is noted the claimant had a significant flare up of his bilateral sciatica. On exam, the claimant has decreased range of motion. There has been a request for lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 bilateral transforaminal epidural steroid injection at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar chapter - epidural steroid injection.

**Decision rationale:** Medical records reflect a claimant with an injury dated 10-5-05 who has been treated conservatively with medications and a lumbar epidural steroid injection. He had an

epidural steroid injection was 1-24-14 noting 80% improvement which allows him to work. On 3-20-14, it is noted the claimant had a significant flare up of his bilateral sciatica. On exam, the claimant has decreased range of motion. There has been a request for lumbar epidural steroid injection. Current treatment guidelines reflect that in order to perform an epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or radiculopathy testing. The 3-20-14 visit does not document radiculopathy on exam. Therefore the request for epidural steroid injection is not established as medically necessary.