

<b>Case Number:</b>	CM14-0054222		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/22/1998
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 61 year old individual was reportedly injured on 9/22/1998. The mechanism of injury is undisclosed. The most recent progress note, dated 2/17/2014, indicates that there were ongoing complaints of low back pain that radiated down the legs. The physical examination demonstrated lumbar spine positive tenderness to the low back seated and supine straight leg raise reproduced concordant pain. No recent diagnostic studies are available for review. Previous treatment included physical therapy, epidural steroid injections, and medications. A request was made for a repeat transforaminal epidural steroid injection and was not certified in the preauthorization process on 3/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for Epidural Steroid Injections.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support epidural steroid injections when radiculopathy is documented on physical examination and

corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there was no documentation of radiculopathy on physical exam, or at least 50 percent pain relief from previous injection for second injection. As such, the requested procedure is deemed not medically necessary.