

<b>Case Number:</b>	CM14-0057720		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 & 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:

The injured worker is a 46 year old male who sustained an injury to his low back on 09/06/13. Mechanism of injury was not documented. Plain radiographs of the lumbar spine dated 01/16/14 revealed L5-S1 grade 2 spondylolisthesis due to bilateral pars defects with moderately severe disc degeneration; bilateral neural foraminal stenosis suspected. Operative report dated 03/07/14 noted that the injured worker underwent L5-S1 transforaminal epidural steroid injection with epidurogram. Epidurogram revealed no evidence of epidural adhesion and there was no intravascular uptake or enhancement. The injured worker was recommended to continue working on modified duty. There were no additional clinical notes provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One transformaminal epidural steroid injection at left L5 and S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309.

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

**Decision rationale:** The request for transforaminal epidural steroid injection at left L5 and S1 is not medically necessary. There was no recent detailed physical examination of the lumbar spine

provided for review that would correlate with the limited imaging studies provided of an active radiculopathy at L5-S1. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The CAMTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for transforaminal epidural steroid injection at left L5 and S1 has not been established.