

<b>Case Number:</b>	CM14-0074660		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 injured worker is a 40 year-old male who was reportedly injured on 10/7/2008. The mechanism of injury is not listed the most recent progress note dated 4/21/2014 indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: muscle strength 5/5 bilateral lower extremities, reflexes patella 2+, Achilles 1+, decreased sensation left L4 dermatome, sciatic notches and sacroiliac joint tenderness to palpation left more than right. Patrick's and Gaenslens maneuver are positive on the left and negative on the right. Positive tenderness to palpation L4-5 and L5-S-1 lumbar paraspinal muscles bilaterally with noted muscle spasm and myofascial restrictions. Pain with range of motion. Straight leg raise was positive on the left. No reason diagnostic studies are available for review. Previous treatment includes medications, previous epidural steroid injection, and conservative treatment. A request was made for transforaminal lumbar epidural steroid injection at L5-S-1 and was not certified in the pre-authorization process on 4/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural steroid injection at the L5-S1 level under fluoroscopic guidance with conscious sedation:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and 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 California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of which level was previously injected, as well as length of relief of symptoms. As such, the requested procedure is deemed not medically necessary.