

<b>Case Number:</b>	CM14-0090270		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 52-year-old gentleman was reportedly injured on October 13, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated may 28th 2014, indicates that there are ongoing complaints of low back pain which radiates to the left gluteal area and thigh. Current medications are stated to include Norco and ibuprofen. The physical examination was normal to include normal lumbar spine range of motion, no tenderness, and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes participation in a functional restoration program, home exercise, and oral medications. A request had been made for a transforaminal epidural steroid injection at L5 - S1 and was not certified in the pre-authorization process on June 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal ESI AT Left Lumbar 5-S1:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no findings of a radiculopathy on most recent physical examination dated May 28, 2014. As such, this request for a transforaminal epidural steroid injection at L5 - S1 is not medically necessary.