

<b>Case Number:</b>	CM14-0094078		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/31/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Family Medicine and is licensed to practice in California, Florida and Tennessee. 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 51 year old male whose date of injury is 03/31/2000. The injured worker sustained a lifting injury to the low back. Treatment to date includes medication management, physical therapy and right L4-5, L5-S1 epidural steroid injection was authorized in October 2013. Office visit note dated 05/15/14 indicates that medications include cyclobenzaprine, Norco, Naproxen, Ultram and Medrox. On physical examination lumbar range of motion is decreased. There is decreased EHL/EDL strength on the right. Sensation is intact throughout the lower extremities. Deep tendon reflexes are bilaterally symmetrical. Diagnoses are lumbago, thoracic or lumbosacral neuritis or radiculitis, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Lumbar Transforaminal Epidural Steroid Injection L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter on Low Back Disorders: Section on Epidural Steroid Injection.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injection, page 46. The Expert Reviewer's decision rationale:Based on the clinical information provided, the request for right lumbar transforaminal epidural steroid injection L5-S1 is not recommended as medically necessary. There are no imaging studies/electrodiagnostic results submitted for review as required by CA MTUS guidelines. The injured worker was authorized to undergo prior lumbar epidural steroid injection in October 2013; however, there is no further information provided regarding the performance and/or response to this procedure. The request is not medically necessary.