

<b>Case Number:</b>	CM14-0112235		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/18/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 44-year-old male who sustained an industrial injury on 07/18/2008. He reported pain in the low back initially. Diagnoses include lumbar sprain/strain, lumbar stenosis at L4-5 and L5-S1. Treatment to date has included medications, physical therapy, acupuncture, chiropractic therapy, bracing, home exercise program and local heat application. Diagnostics performed include x-rays and MRIs. According to the progress notes dated 6/16/14, the IW reported the previous epidural steroid injections improved his pain by 40% to 50%. The Interventional Pain Management Follow Up Evaluation dated 6/4/14 states the patient failed conservative treatments, listing physical therapy, chiropractic manipulation, medication, rest and home exercise. The requested service is included in the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection to the left L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Although there is mention made of a 40-50 percent improvement with a previous LESI, the medical record is lacking in documentation of length of time of improvement or decrease in medication use. Transforaminal epidural steroid injection to the left L4-L5 is not medically necessary.