

<b>Case Number:</b>	CM14-0216349		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/04/2011
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

39 yr. old male claimant sustained a work injury on 7/4/11 involving the low back. He was diagnosed with a tumor in the thoracic spine and underwent surgical removal. In addition, he was diagnosed with L4-S1 disc protrusion and lumbar radiculopathy. An MRI of the lumbar spine in 12/13 showed L5-S1 disc protrusion and an annular tear. On August 2014 a sacroiliac joint injection was recommended and a transforaminal steroid injection for persistent pain. A progress note on 11/5/14 indicated the claimant had 9/10 pain. Exam findings were notable for weakness and tightness in the legs and severe sacroiliac joint inflammation. Fabre test was positive. The physician requested a bilateral transforaminal lumbar epidural injection of L4/L5 and L5/S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal Lumbar Epidural Steroid Injection at L4-L5 and L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural steroid injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant was already approved for a sacroiliac joint injection. Response to this injection is unknown. Therefore, the request for a lumbar epidural steroid injection is not medically necessary.