

<b>Case Number:</b>	CM15-0008272		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Texas, Illinois

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 is a 40 year old male with an industrial injury dated 05/19/2014. His diagnoses include thoracic strain/sprain, disc displacement of the lumbar spine without myelopathy, and displacement of disc in the cervical spine without myelopathy, Lumbar herniated disc. Recent diagnostic testing has included x-rays of the chest, and thoracic and lumbar spines which revealed normal ribs, disc space narrowing in the thoracic and lumbar regions, a MRI of the lumbar spine (06/26/2014) which showed a disc herniation. Electrodiagnostic studies were negative for radiculopathy. He has been treated with physical therapy, a back brace, medications, activity restrictions, and injections. In a progress note dated 12/08/2014, the treating physician reports low back pain radiating to the left lower extremity. The objective examination revealed tenderness and spasms to the left side of the thoracic spine, tenderness and spasms to the left lumbar spine, decreased range of motion in the lumbar spine and pain with motion, weakness in the left lower extremity, positive straight leg raise on the left and decreased sensation in the left foot. The treating physician is requesting transforaminal epidural steroid injection (TFESI) which was denied by the utilization review. On 01/06/2015, Utilization Review non-certified a request for transforaminal epidural steroid injection (TFESI) left L5-S1, noting the lack of documented qualitative decrease of pain relief from previous injections. The MTUS Guidelines were cited. On 01/14/2015, the injured worker submitted an application for IMR for review of TFESI left L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TFESI Left L5-S1:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 05/19/2014 . The medical records provided indicate the diagnosis of 05/19/2014. Treatments have included physical therapy, epidural steroid injections. The medical records provided for review do not indicate a medical necessity for TFESI Left L5-S1. The previous injection is reported to have provided only three weeks of benefit compared to the MTUS' recommendation of continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks following therapeutic injection.