

<b>Case Number:</b>	CM15-0108216		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old female, who sustained an industrial injury on 8/27/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbosacral sprain/strain, left knee sprain/strain, lumbar disc protrusion, spinal stenosis, and facet joint arthrosis. Treatment to date has included diagnostics, physical therapy, and medications. Currently (4/02/2015), the injured worker complains of constant low back pain, radiating to the buttocks, and left knee pain. Objective findings noted positive myospasm, positive left straight leg raise test, and decreased range of motion. Magnetic resonance imaging of the lumbar spine (3/18/2015) was referenced. Current medication regime was not noted. The treatment plan included a transforaminal epidural steroid injection at left L4-5, under fluoroscopic needle guidance. Her work status was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TFESI at Left L4-5 Levels under Fluoroscopic Needle Guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefits, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for TFESI at Left L4-5 Levels under Fluoroscopic Needle Guidance is not medically necessary.