

<b>Case Number:</b>	CM15-0109362		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old male, who sustained an industrial injury on 09/26/2014. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar stenosis, lumbar degenerative disc disease, lumbar radiculitis and myofascial pain. Treatment to date has included oral pain medication and 14 sessions of physical therapy. In a progress note dated 04/16/2015, the injured worker complained of bilateral low back pain with right lower extremity radiation. Objective findings were notable for tenderness to palpation of the lumbar facets and lumbar paraspinal muscle tenderness. The physician noted that a right L5 and S1 transforaminal epidural steroid injection given the description of the location of the patient's pain as well as absent Achilles reflexes. A request for authorization of translaminar epidural steroid injection of L5 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar posterior epidural steroid injection at L5:** Upheld

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

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

**Decision rationale:** Translaminar posterior epidural steroid injection at L5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation indicates that the patient is improved with physical therapy and additionally that the patient does not wish to have an epidural steroid injection therefore this request is not medically necessary.