

<b>Case Number:</b>	CM15-0131246		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/05/1998
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 78 year old female injured worker suffered an industrial injury on 2/05/1998. The diagnoses included lumbar spondylosis, post-laminectomy syndrome and sciatica. The diagnostics included lumbar spine computerized tomography. The treatment included On 6/9/2015, the treating provider reported low back pain and her right side is really bothering her with pain going from the buttock all the way down the leg. On exam there was pain in the lumbar region of the back on the right and left. Pain was referred to the back of the right leg, calf, and right ankles along with back of the left thigh. The pain was moderate to severe and the need for pain medications had increased. The pain interfered with sleep and mobility with significant difficulty arising from the chair due to pain and weakness in both legs. Tylenol #4 was bringing the pain down from severe to moderate. The injured worker had not returned to work. The requested treatments included Transforaminal epidural steroid injection right L5-S1 and S1-S2 to be done in our office and Valium 5mg to take 1 hour prior to procedure qty 1 no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection right L5-S1 and S1-S2 to be done in our office:**  
 Upheld

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

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.

**Valium 5mg to take 1 hour prior to procedure qty 1 no refills:** Upheld

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

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

**Decision rationale:** The underlying epidural steroid injection to which this request relates has been non-certified. Therefore, this request is no longer applicable clinically. Thus, the request is not medically necessary.