

<b>Case Number:</b>	CM15-0138923		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 9/4/09. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbar degenerative disc disease (DDD) and lumbar post laminectomy syndrome. Treatment to date has included medications, activity modifications, surgery, physical therapy, pain management, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6/18/15, the injured worker complains of low back pain and flare-up in past two months. He reports having gone to the emergency room and received steroid injections. She reports fatigue, joint pain of the knees, back pain and swelling in the legs. She also reports sleep disturbance due to pain. There is no physical exam recorded. The current medications included Lidocaine patch, Voltaren gel, Suboxone, Aspirin and Miralax. There are no previous diagnostic reports noted and no previous therapy session noted. The physician requested treatment included Lumbar transforaminal epidural steroid injection L3-L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid injection L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 48.

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

**Decision rationale:** The claimant sustained a work injury in September 2009 and continues to be treated with a diagnosis of post laminectomy syndrome. When seen, he was having a flare-up of pain over the previous two months and had received a cortisone injection in an emergency room one month before. Physical examination findings included a BMI of 34.5. Pain was rated at 7/10. Authorization for a transforaminal epidural steroid injection was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported radicular complaints or physical examination findings of radiculopathy. The requested epidural steroid injection is not medically necessary.