

<b>Case Number:</b>	CM15-0026797		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 03/16/2010. She has reported subsequent low back and bilateral lower extremity pain and was diagnosed with low back pain with radicular symptoms, annular tear and disc protrusion at L4-L5 with moderate bilateral neural foraminal narrowing and severe canal stenosis and disc bulge at L5-S1 with moderate bilateral neural foraminal narrowing. Treatment to date has included oral pain medication, physical therapy, chiropractic manipulation and acupuncture care. In a progress note dated 10/10/2014, the injured worker complained of low back pain radiating to the lower extremities rated as 9-10/10 with tingling and numbness in the buttocks and weakness in the left leg. Objective physical examination findings were notable for a limp while walking, tenderness in the left paravertebral, right paravertebral and left sacroiliac joint and decreased lumbar range of motion. The physician noted that the injured worker continued to experience persistent pain with subjective and objective findings of radiculopathy and continued to be symptomatic despite conservative treatment. A request for authorization of transforaminal epidural steroid injection under fluoroscopic guidance was made. On 02/02/2015, Utilization Review non-certified a request for outpatient injection (unspecified location), noting that the submitted documentation did not support the medical necessity of the injection. MTUS, ACOEM and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Injection (Unspecified Location):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the spinal level of the injection was also not specified. The request, therefore, for a lumbar epidural steroid injections is not medically necessary.