

<b>Case Number:</b>	CM15-0211043		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 54 year old male, who sustained an industrial injury on 7-18-2011. The injured worker is undergoing treatment for lumbar radiculopathy, lumbar post laminectomy syndrome, lumbar spondylosis, muscle spasm and arachnoiditis. Medical records dated 7-27-2015 and 9-21-2015 indicate the injured worker complains of back pain radiating to the legs and rated 7 out of 10 and unchanged. The treating physician indicates transforaminal epidural steroid injection on 3-31-2015 provided 80% pain relief lasting 3 weeks. Physical exam dated 9-21-2015 notes ambulation with a cane. Treatment to date has included surgery, medication, spinal cord stimulator, lumbar injections, ice, heat and home exercise program (HEP). The original utilization review dated 10-19-2015 indicates the request for right L4, L5 and S1 transforaminal epidural steroid injection is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4, L5, S1 TFESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the MTUS guidelines, ESI's are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. The ACOEM guidelines do not recommend injections due to their short term benefit. The claimant's last ESI had only a 3 week benefit after which the pan returned to 7/10. As a result, the request for additional ESI's are not medically necessary.