

<b>Case Number:</b>	CM15-0040595		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/05/2002
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 64 year old male, who sustained an industrial injury on July 5, 2002. He has reported neck pain and lower back pain. Diagnoses have included lumbosacral radiculitis and lumbosacral spondylosis. Treatment to date has included medications, home exercise, aqua therapy and imaging studies. A progress note dated January 23, 2015 indicates a chief complaint of continued lower back pain radiating to the left leg. The treating physician documented a plan of care that included a spine surgery referral, lumbar spine transforaminal epidural steroid injection, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 and L5-S1 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The patient is a 64 year old male with an injury on 07/05/2002. He has chronic low back pain. There is no documentation of a recent acute injury. MTUS, Chronic Pain notes that lumbar epidural steroid injections do not affect the need for surgery or long term function. They may be most useful during an acute injury to provide some relief to aid the patient's ability to get out of bed and start therapy. That is not the case here. The epidural injection will not alter the spine surgery referral outcome and is not medically necessary.