

<b>Case Number:</b>	CM15-0080999		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Maryland

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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old male sustained an industrial injury on 12/31/09. He subsequently reported back pain. Diagnoses include degeneration of lumbar intervertebral disc, lumbar strain and lumbar spondylosis and radiculopathy. Treatments to date include nerve conduction, x-ray and MRI testing, lumbar injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the lower extremities. Upon examination, tenderness and tightness was noted along the lumbosacral region and range of motion is restricted. A prior MRI test revealed L5-S1 disc protrusion. A request for Injection-steroid transforaminal epidural, at left S1 qty: 1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection-steroid transforaminal epidural, at left S1 qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** Injection-steroid transforaminal epidural, at left S1 qty: 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation indicates that the patient has had prior lumbar epidural injections including an L5-S1 injection on 2/11/11. There is no documentation of efficacy of this injection with evidence of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks therefore the request for a left S1 steroid transforaminal epidural is not medically necessary.