

<b>Case Number:</b>	CM14-0132124		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 43 year old male who sustained an industrial injury on 08/06/2009. The mechanism of injury was not provided for review. His diagnoses include axial low back pain, left L4-L5 radiculopathy, chronic pain syndrome, opioid induced hyperalgesia, and depression. He continues to complain of low back pain that limits his activities of daily living. On exam he exhibits an antalgic gait with a forward leaned posture. There is a positive Slump test on the left side and weakness of the extensor halicus longus muscle on the left. Treatment has included medical therapy, physical therapy and epidural steroid injection therapy. The treating provider has requested left L4 and L5 transforaminal epidural steroid injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4 and L5 Transforaminal Epidural Steroid Injection under Fluoroscopy:** Upheld

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

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines there is no long term benefit to epidural steroid injection therapy. Per the reviewed documentation the claimant has undergone

previous epidural steroid injection therapy without a prolonged period of pain relief. Per the MTUS Chronic Pain Guidelines there has to be evidence of at least 50% pain relief with reduction of medication use for six to eight weeks. The claimant has been maintained on medical therapy including opioids without sustained pain relief. There is no documentation indicating that further epidural steroid injection therapy would prove beneficial. Medical necessity for the requested service has not been established. The requested treatment is not medically necessary.