

<b>Case Number:</b>	CM15-0010205		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 57 year old male, who sustained an industrial injury on May 6, 2014, lifting a couch up a couple of flights of stairs. He has reported pain in the right groin, right hip, and low back with pain radiating down right leg. The diagnoses have included lumbago, displaced lumbar intervertebral disc, and pain in joint pelvis/thigh. Treatment to date has included physical therapy, and medications. Currently, the injured worker complains of low back pain with right buttock, hip, and groin pain, with some pain radiating into the anterior thigh, a new onset of bowel and bladder urgency. The Primary Treating Physician's report dated December 4, 2014, noted the injured worker appeared overmedicated with slight slurring of speech. Tenderness was noted around the L5-S1 and slightly around the S1 joint, with demonstrated weakness on right ankle dorsiflexion. A prior MRI was noted to show disc changes at L4-L5 and L5-S1, with a right foraminal disc noted at L4-L5 causing some foraminal narrowing, and a central disc at L5-S1 without nerve compression. On December 18, 2014, Utilization Review non-certified a Transforaminal Epidural Steroid Injection right L4-L5, noting the clinical documentation submitted for review did not meet the guideline recommendations. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On January 16, 2015, the injured worker submitted an application for IMR for review of Transforaminal Epidural Steroid Injection right L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Right L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain, Epidural Steroid Injections (ESIs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, Transforaminal Epidural Steroid Injection Right L4-5 is not medically necessary.