

<b>Case Number:</b>	CM15-0017617		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 48 year old female with an industrial injury dated March 6, 2013. The injured worker diagnoses include displacement of lumbar intervertebral disc without myelopathy, sciatica, thoracic or lumbosacral neuritis or radiculitis unspecified and sacroiliitis not elsewhere classified. She has been treated with radiographic imaging, diagnostic studies, physical therapy and periodic follow up visits. According to the progress note dated 12/29/2014, the injured worker reported that she continues to have a lot of low back pain and left leg pain. Objective findings revealed moderate lumbar tenderness to palpitation, loss of flexion and primarily extension. The treating physician prescribed services for outpatient left L3-L4 transforaminal epidural steroid injection (ESI) now under review. Utilization Review determination on December 29, 2014 denied the request for outpatient left L3-L4 transforaminal epidural steroid injection (ESI), citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left L3-L4 transforaminal epidural steroid injection (ESI): Upheld**

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

**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, there is no recent clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no clinical documentation that the patient is suffering from lumbar radiculopathy at L3-4 the requested levels of injection. There is no rationale for requesting repeated epidural injection without assessing the efficacy of previous injections. Therefore, the request for Outpatient left L3-L4 transforaminal epidural steroid injection (ESI) is not medically necessary