

<b>Case Number:</b>	CM15-0125043		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old female, who sustained an industrial injury on 1/12/11. She reported pain in her right shoulder, right wrist and lower back after lifting up a patient. The injured worker was diagnosed as having thoracic or lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome and lumbar or lumbosacral disc degeneration. Treatment to date has included chiropractic treatments with benefit, a nerve root block at L4-L5 and L5-S1 on 4/11/13 with 70% relief that lasted for 2 months, Lunesta, Nuvigil, Tofranil, Tranxene and Wellbutrin. As of the PR2 dated 6/17/15, the injured worker reports pain in her lower back. Objective findings include a normal gait and normal musculoskeletal movements. The treating physician requested a transforaminal epidural steroid injection on the right at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TFESI right L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.