

<b>Case Number:</b>	CM15-0127714		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 49 year old male sustained an industrial injury on 7-12-13. He subsequently reported low back pain. Diagnoses include lumbago, lumbar sprain and strain, spinal stenosis of lumbar region and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatments to date include MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience left leg, low back, left hip and left elbow pain. Upon examination, it was noted that lumbar spine range of motion is abnormal. There is tenderness to palpation over the bilateral lumbar paraspinals. Straight leg raising tests are positive bilaterally. A request for 1 Transforaminal Epidural Steroid Injection at spinal levels L4-5 as an outpatient 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:

**1 Transforaminal Epidural Steroid Injection at spinal levels L4-5 as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Low Back & Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** 1 Transforaminal Epidural Steroid Injection at spinal levels L4-5 as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate objective imaging findings of radiculopathy in the proposed area for epidural steroid injection. For this reason, the request for epidural steroid injection is not medically necessary.