

<b>Case Number:</b>	CM15-0171278		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 6-10-2011. Diagnoses include left worse than right low back and leg pain. Treatment to date has included surgical intervention (L5-S1 laminectomy, and discectomy and left T11-12 discectomy, undated), diagnostics, physical therapy, prior epidural injections (undated) and medications including oxycodone, lidocaine patch and Cymbalta. Per the Primary Treating Physician's Progress Report dated 8-04-2015, the injured worker presented for follow-up regarding low back pain. He reported continued low back pain and left leg pain sometimes all the way to the foot but mainly into the posterior thigh. He saw a spine surgeon who recommended at least one more epidural to see if his symptoms are relieved. Objective findings included pain with lumbar flexion and extension with rotation to the left. This causes some increase in left leg pain as well. The plan of care included, and authorization was requested for outpatient L5 and S1 transforaminal epidural steroid injection (TFESI). On 8-19-2015, Utilization Review non-certified the request for an outpatient L5 and S1 TFESI citing lack of documentation of medical necessity per the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left L5 and S1 Transforaminal Epidural Steroid Injection (TFESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Outpatient left L5 and S1 Transforaminal Epidural Steroid Injection (TFESI) 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 physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason the request for epidural steroid injection is not medically necessary.