

<b>Case Number:</b>	CM15-0063762		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 33-year-old female with an industrial injury dated 10/29/2014. The injured worker diagnoses include sciatica, sprain/strain of lumbar region and post laminectomy syndrome. He has been treated with Magnetic Resonance Imaging (MRI) of the lumbar spine on 2/18/2015, prescribed medications, physical therapy, activity modification, and periodic follow up visits. According to the progress note dated 02/26/2015, the injured worker reported lower back pain rated 7 out of 10. Objective findings revealed female in distress, slight right limp, and tenderness in the right sciatic notch and lumbosacral areas. The treating physician prescribed services for transforaminal lumbar epidural steroid injection at right L5-S1 w/ monitored anesthesia care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar Epidural Steroid Injection at Right L5-S1 w/ monitored anesthesia care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 electro diagnostic study to support the presence of radiculopathy. Therefore, Transforaminal Lumbar Epidural Steroid Injection at Right L5-S1 w/ monitored anesthesia care is not medically necessary.