

<b>Case Number:</b>	CM15-0065031		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/27/2015
<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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 43 year old male, who sustained an industrial injury on 09/30/2014 reporting back injury after lifting an 80 pound plumbing bowl. On provider visit dated the 01/15/2015 injured worker has reported low back pain. On examination of lumbar spine tenderness was noted in the lumbosacral area. The diagnoses have included degenerative disc disease lumbar area and mild left neural foraminal stenosis at L4-L5 and central disc bulge at L2-3. Treatment to date has included MRI of lumbar spine, physical therapy and medication. The provider requested Transforaminal Lumbar Epidural Steroid Injection at Left L4-5, Lumbar Spine.

### 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 Left L4-5, Lumbar Spine:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American Medical Assoc Guidelines: Radiculopathy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 46.

**Decision rationale:** CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, the MRI demonstrates foraminal stenosis at the level of requested ESI and physical examination is congruent with the imaging. Epidural steroid injection is medically indicated.