

<b>Case Number:</b>	CM15-0070883		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Alabama, 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 was a 43 year old female, who sustained an industrial injury, July 10, 2014. The injured worker previously received the following treatments Naproxen, Norco, Paroxetine, Lidoderm Patches, Meclizine, lumbar spine MRI, neurology consultation, cervical spine MRI, acupuncture, physical therapy, psychology services and random toxicology laboratory studies. The injured worker was diagnosed with degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, chest pain, rib pain, sternum pain, left lower extremity radiculopathy, right upper extremity radiculopathy, diffuse regional myofascial pain, posttraumatic stress disorder chronic pain significant with both sleep and mood disorder. According to progress note of December 18, 2014, the injured workers chief complaint was right neck, shoulder, scapular, low back and left lower extremity pain. The injured worker was unable to walk due to lower back pain and bilateral lower extremity pain right greater than the left. The injured worker was having significant pain, which was limiting the injured workers ability to function. The physical exam noted the injured worker walked with an antalgic, slowed and guarded gait. The straight leg raising seated positive on the right side and lumbar spine abnormal reversal lumbar lordosis. The treatment plan included transforaminal epidural steroid injection to bilateral L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Bilateral L5-S1: Upheld**

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

**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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Transforaminal Epidural Steroid Injection Bilateral L5-S1 is not medically necessary.