

<b>Case Number:</b>	CM15-0077659		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/05/1991
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 is a 73-year-old male, who sustained an industrial injury on 12/5/91. The injured worker has complaints of back pain going down the right leg. The diagnoses have included lumbosacral neuritis not otherwise specified, lumbar or lumbosacral disc degeneration, lumbar disc displacement without myelopathy and lumbago. Treatment to date has included epidural steroid injection, physical therapy and etodola extended release. The request was for transforaminal lumbar epidural steroid injection on the right at L4-5 and transforaminal lumbar epidural steroid injection on the right at L5-S1 (sacroiliac).

### 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 on The Right At L4-5:** 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. The patient's file does not document that the patient is candidate for surgery. Documentation does not contain objective findings on exam to support the presence of radiculopathy. The physical exam dated March 30, 2015 did not document any radicular signs. In addition, radiculopathy findings need to be corroborated by imaging and electrodiagnostic testings. Furthermore, there is no evidence of sustained pain relief from a previous use of steroid epidural injection. Therefore, the request for Transforaminal Lumbar Epidural Steroid Injection on The Right At L4-5 is not medically necessary.

**Transforaminal Lumbar Epidural Steroid Injection on The Right At 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. The patient's file does not document that the patient is candidate for surgery. Documentation does not contain objective findings on exam to support the presence of radiculopathy. The physical exam dated March 30, 2015 did not document any radicular signs. In addition, radiculopathy findings need to be corroborated by imaging and electrodiagnostic testings. Furthermore, there is no evidence of sustained pain relief from a previous use of steroid epidural injection. Therefore, the request for Transforaminal Lumbar Epidural Steroid Injection on The Right at L5-S1 is not medically necessary.