

<b>Case Number:</b>	CM13-0032252		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/11/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old male who was reportedly injured on July 11, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated October 17, 2013, indicated that there were ongoing complaints of back spasms and lower extremity radicular pain. The physical examination demonstrated limited range of motion of the neck and back. There were diagnoses of lumbar radiculopathy and cervical and thoracic spine facet syndrome. The diagnostic imaging studies objectified a lateral disc herniation at L5-S1. Previous treatment included transforaminal epidural steroid injections at the L4-5 and L5-S1, as well as a medial branch block of the cervical spine and facet nerve radiofrequency ablation of the lower thoracic spine. A request was made for pulsed radiofrequency and transforaminal epidural blocks at the bilateral L4-5 level and was not certified in the pre-authorization process on September 20, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Pulsed Radiofrequency and Transforaminal Epidural Block at Bilateral L4-5: Upheld**

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

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

**Decision rationale:** Transforaminal epidural steroid injections are recommended as an option for the treatment of radicular pain. Such radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It should also be stated that the patient was initially unresponsive to other conservative treatments to include exercise, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants. The most recent progress note dated October 17, 2013, did not contain any information regarding corroborating radiculopathy findings or failure of prior conservative treatment. For these reasons, this request for pulsed radiofrequency transforaminal epidural steroid injections at the bilateral L4-5 level is not medically necessary.