

<b>Case Number:</b>	CM14-0004186		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 patient is an employee of [REDACTED] and has submitted a claim for neck, low back, and bilateral shoulder pain associated with an industrial injury date of March 23, 2006. Treatment to date has included medications, physical therapy, chiropractic treatment, home exercise program, and 3 lumbar transforaminal epidurals, the latest of which was done on September 23, 2013 with 100% pain relief for one week. Medical records from 2013 were reviewed, which showed that the patient complained of sharp spasms in the neck associated with severe headaches and jaw clenching. The patient also complained of low back and shoulder pain, right greater than the left. Pain was described as constant, sharp, dull, and aching, rated 4-8/10. There was accompanying paresthesia and intermittent numbness in the right arm into the ulnar side of the hand and left leg to the top of the foot and toes. There was also generalized weakness of the right arm and left leg. On physical examination of the lower back area, a scar from previous surgery was noted with loss of lumbar lordosis. No tenderness and limitation of range of motion were noted. Examination of the shoulder and upper arm revealed tenderness on the acromion and clavicle on the right with limited range of motion of the shoulder. MRI of the lumbar spine, dated August 2006, revealed 4mm disc bulge at L4-L5 causing moderate to severe left-sided neural foraminal narrowing and moderate right neural foraminal narrowing; 2mm disc bulge at L5-S1 causing mild bilateral neural foraminal narrowing was noted. Utilization review from December 23, 2013 denied the request for (1) Lumbar Transforaminal Epidural Bilateral L4-L5. The rationale for determination was not included in the records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR ONE (1) LUMBAR TRANSFORAMINAL EPIDURAL BILATERAL L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.24.2 Page(s): 46.

**Decision rationale:** According to page 46 of the Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, a lumbar transforaminal epidural was done on September 23, 2013 with 100% pain relief for only one week. Moreover, there was no objective or imaging findings documenting radiculopathy. The criteria were not met; therefore, the request for prospective request for one (1) lumbar transforaminal epidural bilateral L4-L5 is not medically necessary.