

<b>Case Number:</b>	CM14-0006573		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/01/1998
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Orthopedic Surgery, 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 injured worker is a 69-year-old male with a date of injury is April 1, 1998. Mechanism of injury is not specified. The current diagnosis is listed as "lumbago." The request for more lumbar epidural steroid injections, trigger point injections, and the use of electric every stimulators after injections was not certified. The record reflects that there are ongoing complaints of low back pain, radicular components the pain, initially chronic situation. It is also noted there was no objectification of a verifiable radiculopathy either electrodiagnostic studies or with enhance imaging studies. Limited medical records presented any clinical findings to support the need for any intervention. There is also notation that caudal epidural steroid injection has been completed and the sequelae of that intervention is not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: 12/5/13 BILATERAL TRANSFORAMINAL LESI (LUMBAR EPIDURAL STEROID INJECTION): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**Decision rationale:** The standard for such an injection require objectification of a verifiable radiculopathy. Based on the limited medical records presented for review, no such data is presented to suggest there is a verifiable radiculopathy. Furthermore, considering the age of the injured employee as well as the date of injury, there needs to be clear objectification of acute findings prior to pursuing such an injection protocol. This request is not medically necessary.

**RETROSPECTIVE: 12/5/13 CAUDAL LESI (LUMBAR EPIDURAL STEROID INJECTION): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The standard for such an injection require objectification of a verifiable radiculopathy. Based on the limited medical records presented for review, no such data is presented to suggest there is a verifiable radiculopathy. Furthermore, considering the age of the injured employee as well as the date of injury, there needs to be clear objectification of acute findings prior to pursuing such an injection protocol. This request is not medically necessary.

**RETROSPECTIVE: 12/5/13 BILATERAL SI JOINT INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Odg- Si (Sacroiliac) Joint Injections.

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

**Decision rationale:** The standard for such an injection require objectification of a verifiable radiculopathy. Based on the limited medical records presented for review, no such data is presented to suggest there is a verifiable radiculopathy. Furthermore, considering the age of the injured employee as well as the date of injury, there needs to be clear objectification of acute findings prior to pursuing such an injection protocol. This request is not medically necessary.

**RETROSPECTIVE: 12/5/13 TRIGGER POINT INJECTIONS LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**Decision rationale:** Such an intervention is supported when there is objectification of a myofascial pain syndrome. When noting the current pain complaints of low back pain with

radicular involvement, and based on the limited physical examination findings, there is no objectification of such a malady. As such, there is insufficient clinical information presented to support this request and is thus not medically necessary.

**RETROSPECTIVE: 12/5/13 POST INJECTION TREATMENT WITH THE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**Decision rationale:** The literature does not support use of such devices. Furthermore, any request is to be accompanied by the results of a trial of this device. Seeing neither, there is insufficient clinical evidence presented to support this request and is therefore not medically necessary.