

<b>Case Number:</b>	CM14-0116780		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/19/1984
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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:

This patient is a 75 y/o male with chronic low back pain subsequent to an injury 6/19/84. On 2/12/14 he was seen and right sided L5-S1 radiculopathy was described. A subsequent CT scan showed advanced junction changes (prior L3-S1 fusion) at L1-2 with severe stenosis so a bilateral L2-3 epidural was completed. There is documented to be some pain relief from the epidurals, but a follow-up visit on 5/30/14 stated there was left more than right sided pain consistent with an L5-S1 radiculopathy. The recent CT scan is not reported to show stenosis at the L5-S1 junction. Electrodiagnostics of the lower extremity has been denied. The possibility of a peripheral neuropathy was discussed by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left L5 and S1 Transforaminal 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 Epidural Injections Page(s): 46.

**Decision rationale:** MTUS Guidelines are very specific regarding the criteria to justify epidural injections. Both a clinical radiculopathy should be present that corresponds to diagnostic

findings either scanning or electrodiagnostics. This patient appears to have inconsistent radiculopathic complaints with it varying from side to side. In addition, there are no reported diagnostic findings that correlate with the request. At this time, the request for the Left L5 and S1 epidural is not consistent with Guidelines and is not medically necessary.