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| <b>Case Number:</b>   | CM14-0118799 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 11/29/1995 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2014 |

### 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 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 11/29/1995. The mechanism of injury is not listed in the records reviewed. The notes dated 5/13/2014 indicate that there are ongoing complaints of chronic low back pain and tingling in his feet. The physical examination demonstrated limited range of motion with pain, positive tenderness at L4-5 and full strength in the bilateral lower extremities. A diagnostic imaging study of the lumbar spine on 6/17/2014 reveals patient has 2mm disc bulge at L2-3, 3mm disc bulge at L3-4 and 4 mm disc protrusion at L4-5. Previous treatment includes medications and conservative treatment. A request was made for bilateral epidural steroid injections at L-5 and was not medically necessary in the pre-authorization process on 7/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Lumbar-5 Transforaminal Epidural Injections # 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets guidelines. There is no documentation of radiculopathy. The requested procedure is deemed not medically necessary.