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| <b>Case Number:</b>   | CM14-0021201 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 04/13/2001 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 02/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2014 |

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 57 year old male whose date of injury is 04/13/2001. The injured worker fell out of an office chair. Lumbar MRI dated 04/16/12 revealed mild facet hypertrophy at L2-3. At L3-4 there is no foraminal or central canal narrowing. At L4-5 there is a broad based disc bulge and mild facet hypertrophy causing mild right foraminal narrowing. There is no central canal narrowing. Note dated 01/15/13 indicates that the injured worker has undergone numerous facet injections and epidural steroid injections which provide short-term temporary relief. Note dated 02/06/14 indicates that he continues to have low back and leg symptoms. He is tender over the facet joints above his L3-4 fusion. Straight leg raising is positive. Medications are listed as Lunesta, Hydroxyzine, and Norco. Treatment to date is noted to include 3 surgeries to his shoulder, 2 surgeries to the left knee and one lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L2-3 FACET INJECTION AND BILATERAL L3 & L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

**Decision rationale:** The submitted records indicate that the injured worker has undergone numerous prior facet injections and epidural steroid injections which provide only short-term relief. Therefore, efficacy of treatment is not established and repeat injections are not in accordance with California Medical Treatment Utilization Schedule (CAMTUS) and the Official Disability Guidelines (ODG). Guidelines note that it is not recommended to perform epidural steroid injections on the same day as facet injections. The submitted MRI fails to document any significant neurocompressive pathology to support epidural steroid injection. Therefore, the request is not medically necessary.