

<b>Case Number:</b>	CM14-0034274		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/04/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 52-year-old male injured on January 4, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 17, 2014, indicates that there were ongoing complaints of low back pain radiating to the lower extremities. Current medications included Voltaren Gel, Lyrica, flexeril, and Motrin. No focused physical examination was performed. There were diagnoses of sciatica, lumbosacral spondylosis, and spinal stenosis without claudication. A request had been made for bilateral L5 transforaminal epidural steroid injections and bilateral L4-L5 and L5-S1 facet epidurogram/ fluoroscopy/ moderate sedation and was not certified in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral L5 Transforaminal Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The criteria for epidural steroid injection includes a radiculopathy being present and corroborated by physical examination and objective studies. According to the

attached medical record, not only does the injured employee describe vague radicular sensations, but there was no obvious neurological deficit in the lumbar spine to corroborate with these symptoms. Therefore, this request for a bilateral L5 transforaminal epidural steroid injection is not medically necessary.

**Bilateral L4-L5 and L5-S1 Facet IVIA Epidurogram/ Fluoroscopy/ Moderate sedation to be done with TFLESI:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.