

<b>Case Number:</b>	CM14-0049218		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 51 year old male whose date of injury is 04/18/2011. On this date he was on a ladder on the back of a truck when the ladder broke off and the injured worker fell. The injured worker underwent low back surgery on 08/24/12. Office visit note dated 11/08/13 indicates that he continued to have low back pain with radiation primarily down the left lower extremity. Diagnoses are abdominal pain probably secondary to lumbar spine injury; bowel urgency secondary to lumbar spine injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left L5-S1 Transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Corticosteroid and Epidural Injections.

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

**Decision rationale:** Based on the clinical information provided, the request for 1 left L5-S1 transforaminal epidural steroid injection is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review to

establish the presence of active lumbar radiculopathy, and there are no imaging studies/electrodiagnostic results submitted for review as required by CA MTUS guidelines.

**1 Left S1 Transforaminal Epidural Steroid Injection: Upheld**

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**Decision rationale:** Based on the clinical information provided, the request for 1 left S1 transforaminal epidural steroid injection is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy, and there are no imaging studies/electrodiagnostic results submitted for review as required by CA MTUS guidelines.

**1 Thermaphore Heat Pad (through [REDACTED]): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/heat packs

**Decision rationale:** Based on the clinical information provided, the request for 1 Thermaphore heat pad (through [REDACTED]) is not recommended as medically necessary. The Official Disability Guidelines support the at home application of hot packs. There is no clear rationale provided to support a Thermaphore heat pad at this time. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.