

<b>Case Number:</b>	CM14-0060962		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/17/1981
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 records, presented for review, indicate that this 67 year old female was reportedly injured on 8/17/1981. The mechanism of injury is undisclosed. The most recent progress note, dated 7/8/2014, indicated that there were ongoing complaints of low back pain that radiated to the right lower extremity. The physical examination demonstrated: lumbar spine positive tenderness to palpation to the paraspinal musculature bilateral, positive tenderness to palpation of the bilateral gluteal muscles, limited range of motion with pain, lower extremities had range of motion of the bilateral hips decreased; decreased sensation to light touch and pinprick bilaterally at L3, 4, and 5 dermatomal distribution no motor deficits in the lower extremities, positive bilateral straight leg raise, and positive lumbar paraspinal tenderness in musculature with few trigger points with a jump sign present. No recent diagnostic studies are available for review. Previous treatment included previous lumbar fusion, previous injections, medications, and conservative treatment. A request was made for lumbar transforaminal block under fluoroscopic guidance at three levels and was not certified in the preauthorization process on 4/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal block under fluoroscopic guidance at 3 levels, series of 1:** 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or 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 the MTUS guidelines. Specifically, there is no documentation of which levels of the lumbar spine have been selected for injection. As such, the current requested procedure is deemed not medically necessary.