

<b>Case Number:</b>	CM14-0068279		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/16/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 12/16/99. She was seen by her physician on 3/25/14 with complaints of 10/10 chronic low back pain with radiation down her left leg. She is status post 'back surgery' in 2003. Her medications included soma, tylenol #4 and gabapentin. Her physical exam showed an antalgic gait with tenderness of the lumbar paraspinal musculature and facet tenderness from L4-S1. Kemp's test was positive bilaterally and she had a positive straight leg raise on the left at 50 degrees. She had restricted lumbar spine range of motion, normal reflexes and normal strength 5/5 in the lower extremities except left knee extensors were 4/5. Her diagnoses were status post lumbar laminectomy, lumbar disc disease, radiculopathy and facet syndrome. At issue in this review is the request for an epidural injection L4 x 2 and an interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 transforaminal epidural steroid injection x two (2): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

**Decision rationale:** Epidural spine injections are recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, and medications. The medical necessity of Left L4-L5 transforaminal epidural steroid injection x two is not substantiated in the records.

**Interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

**Decision rationale:** An inferential unit is not recommended as a primary treatment modality, but a one-month trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. There is no also indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the inferential unit may be appropriate for. The medical necessity for an inferential unit is not substantiated.