

<b>Case Number:</b>	CM14-0080522		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 60-year-old female who reported an injury on 10/31/2012, after rising from a sitting position. Current diagnoses include multilevel disc herniation of the lumbar spine with moderate to severe neural foraminal narrowing and lumbar radiculopathy. The injured worker was evaluated on 01/02/2014 with complaints of persistent lower back pain rated 7/10. It is noted that the injured worker completed 21 sessions of chiropractic treatment. The current medication regimen includes Norco 7.5/325 mg and Flexeril. Physical examination revealed an antalgic gait, decreased sensation at the L5 and S1 dermatomes on the left, diminished strength in the left lower extremity, and positive straight leg raising. Treatment recommendations at that time included continuation of the current regimen, a transforaminal epidural steroid injection, 8 sessions of acupuncture, and a followup visit in 8 weeks. A previous Request for Authorization form was submitted on 11/22/2013 for a transforaminal epidural steroid injection on the left at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORMINAL EPIDURAL INJECTION, LEFT L4-L5 SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES EPIDURAL INJECTIONS

Page(s): 46.

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

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended for treatment of radiculopathy, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, it is noted that the injured worker has participated in chiropractic treatment. However, there is no evidence of an exhaustion of conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for review. As such, the request is not medically necessary.

**NORTRIPTYLINE HCL 25 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13-16.

**Decision rationale:** California MTUS Guidelines state antidepressants are recommended as an option for neuropathic pain and as a possibility for non-neuropathic pain. The injured worker does maintain a diagnosis of lumbar radiculopathy. There is evidence upon physical examination of diminished sensation, diminished strength, and an antalgic gait. However, there is no frequency or quantity listed in the request. Therefore, the request is not medically necessary.