

<b>Case Number:</b>	CM14-0189844		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 44 year old male who was injured on 6/19/2014. The diagnoses are lumbar facet syndrome, lumbar radiculopathy, cervical facet syndrome, neck, knee and low back pain. The MRI of the lumbar spine showed multilevel disc bulges, bilateral neural foraminal narrowing and facet arthropathy. The patient completed PT and chiropractic treatments. On 9/22/2014, [REDACTED] noted subjective report of a pain score of 4/10 with medications and 7/10 without medications. There was complaint of low back pain as well as neck and leg pain. The utilization of the medications enabled the patient to improve physical function and complete ADL. There were objective findings of positive facet loading, positive straight leg raising test and tenderness over the lumbar spine. The reflexes, sensory and motor tests was noted grossly normal. The medications are Norco, and Soma. The UDS on 9/22/2014 was negative for prescribed Norco and Soma. A Utilization Review determination was rendered on 11/4/2014 recommending non-certification for bilateral L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural injection at L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. The records did not show subjective, objective or radiological findings consistent with lumbar radiculopathy. The primary findings are indicative of lumbar facet syndrome and non- radicular low back pain. The criteria for bilateral L5-S1 transforaminal epidural steroid injection were not met.