

<b>Case Number:</b>	CM14-0164886		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/09/2004
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational 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:

This patient is a 49 year old male who developed right knee and low back problems subsequent to an injury dated 12/9/04. He is diagnosed with severe degenerative joint disease affecting his knee. He is also reported to have low back pain with radiculopathic signs and symptoms affecting the L4-S1 bilateral nerve roots. Both the primary treating physician and consult are consistent with these conclusions. An MRI report dated 5/30/14 reveals foraminal stenosis at several levels that is consistent with the clinical conclusions. His spinal condition has been treated conservatively with physical therapy, chiropractic and oral analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

**Decision rationale:** MTUS Guidelines supports the trial of epidural injections is very specific conditions are met i.e. there is a clinical radiculopathy with consistent testing results (MRI or

electrodiagnostics). The Guideline conditions have been met, the request for bilateral L4-5, L5-S1 transforaminal epidural injections is medically necessary.