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| <b>Case Number:</b>   | CM14-0183362 |                              |            |
| <b>Date Assigned:</b> | 11/10/2014   | <b>Date of Injury:</b>       | 08/10/2012 |
| <b>Decision Date:</b> | 12/12/2014   | <b>UR Denial Date:</b>       | 10/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2014 |

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48 year old woman who sustained a work-related injury on August 10, 2012. Subsequently, the patient developed chronic back pain. According to a progress report dated on April 14, 2014, the patient was complaining the intermittent back and neck pain radiating to both upper extremities. The pain wasn't controlled with the chiropractic treatment, acupuncture and pain medications. Her MRI of the lumbar spine demonstrated disc protrusion and disc disease. MRI of the right knee demonstrated meniscal damage. EMG nerve conduction studies of upper extremity performed on 2013 was negative for cervical radiculopathy. EMG nerve conduction study of both lower extremities performed on 2013 demonstrated right S1 irritation. Physical examination was significant for thoracic spine tenderness and thorough and lumbar tenderness with reduced range of motion. The patient was diagnosed with the cervical sprain, lumbar strain, carpal tunnel syndrome, anxiety and tension headache. The provider request authorization for bilateral lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 Transforaminal Block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no clinical, radiological and neurophysiological of bilateral radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Bilateral L4-5, L5-S1 Transforaminal Block is not medically necessary.