

<b>Case Number:</b>	CM15-0173302		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/27/2004
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 62 year old female who sustained an industrial injury on 5-27-04. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 7-31-15 reports follow up of chronic pain. The low back pain radiates into lower extremities extending to the feet. The pain is rated 5-7 out of 10 and affects her quality of life and performing daily activities. Percocet reduces her pain by 40%. Diagnoses include: lumbago, failed back surgery, radicular syndrome, sacroiliitis, insomnia and hip bursitis. Plan of care includes: request median nerve branch block bilateral L3-5, continue ambien, continue lidoderm patch, clonazepam, terocin lotion, soma, percocet and start gabapentin. Follow up in 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MNBB bilateral L3, L4, and L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. The patient does have lumbar pain however the ODG also does not recommend more than one level be performed at a time. The procedure is therefore not medically necessary.