MAXIMUS Federal Services

| Case Number: | CM14-0103569 | | |
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| Date Assigned: | 09/16/2014 | Date of Injury: | 04/12/2012 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

## 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Tennessee. 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 55 year old male who was injured on April 12, 2012. The diagnosis listed lumbago (724.2). The most recent progress note dated 8/28/14, reveals complaints of pain in lower back down both legs alternating in severity (has good and bad days), right worse than left. Physical examination reveals lumbar tenderness, limited range of motion, normal gait, positive straight leg raise and decreased deep tendon reflexes in ankles. Current medications include Ibuprofen 800 milligrams and Lidoderm patch. Prior treatment includes medications, lumbar support, manipulation of the lumbar spine and the pelvis, electrical muscle stimulation, cold packs, pool therapy two to three times a week. It was noted that a diagnostic imaging study MRI dated 6/1/12 of lumbar spine was reviewed and revealed L4 to L5 broad based left sided disc herniation of L4 to L5, and smaller L5 to S1 disc herniation. The injured worker was to remain off of work until 10/1//14. A prior utilization review determination dated 8/5/14 resulted in denial of L4 to L5 and L5 to 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:

**L4-L5 and L5-S1 transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**Decision rationale:** ACOEM states "Epidural glucocorticosteroid injections are not recommended for treatment of acute, subacute, or chronic low back pain in the absence of significant radicular symptoms". In the review of the medical records there is no documentation of any objective physical exam that suggests deficits in a L4-L5, L5-S1 dermatomal distribution, thus giving a diagnosis of radiculopathy. Therefore, Epidural Steroid Injections cannot be deemed medically necessary.