

<b>Case Number:</b>	CM13-0009134		
<b>Date Assigned:</b>	09/13/2013	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 68-year-old female who sustained a work related injury on March 18, 2002. The clinical information indicates the patient has had multiple epidural steroid injections. The most recent progress report dated September 10, 2013 documented subjective complaints of increased pain that radiated down the right leg and foot. Physical examination revealed tenderness to palpation, positive straight leg raise on the right, an antalgic gait, and restricted range of motion. The patient's diagnoses included L5-S1 disc herniation with chronic back pain and bilateral lumbar radiculitis, greater on the right, and bilateral trochanteric bursitis. The treatment plan included request for authorization for a lumbar epidural steroid injection under fluoroscopic guidance and Butrans 5 mcg patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for a Bilateral L5-S1 Lumbar Epidural Steroid Injection under Fluoroscopic Guidance:** 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 Epidural Steroid Injections (ESIs) Section Page(s): 46 and 47.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that "in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year." The documentation submitted for review indicates the patient has had prior injections; however, the specifics are not detailed. There is lack of documentation of pain relief for 6 weeks to 8 weeks, decreased medication use, increased exercise/home exercise program, or functional improvement. Therefore, based on the lack of documentation that supports the criteria for the use of epidural steroid injections, the request for Bilateral L5-S1 Lumbar Epidural Steroid Injection under Fluoroscopic Guidance is non-certified.