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| <b>Case Number:</b>   | CM13-0011001 |                              |            |
| <b>Date Assigned:</b> | 03/10/2014   | <b>Date of Injury:</b>       | 02/25/1991 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 07/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2013 |

### 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:

The patient was injured 2/25/1991. A review of records included a 12/6/13 medical note that identifies that the patient complains of back pain that radiates to the lower extremities, worse in the right leg. There is some numbness of the back. Physical findings were noted to include limited lumbar range of motion, 4/5 strength right big toe extensors, knee extensors, and decreased (1+) right ankle reflex. This note identified a request for a second right L5-S1 and right transforaminal injection. A note from 11/20/13 states that the patient did extremely well with greater than 70% relief for a week and continuation of 50% relief from the first lumbar epidural steroid injection. That note also indicated that the patient had low back pain with associated weakness, positive SLR bilaterally, and decreased sensation over the right L5 and S1 dermatomes. A 8/2/13 note states that the patient received considerable relief from the first injection of over 60% for six weeks. Review of records also indicates that the patient has had medications, physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS, EPIDURAL STEROID INJECTIONS (ESIS)..

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

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The review of records indicates that the patient received a previous lumbar epidural steroid injection with 70% pain relief for 1 week and ongoing relief of 50%. The 8/2/13 note clearly states that the patient received over 60% relief for six weeks with the previous lumbar epidural steroid injection. Given the positive response to the first injection, the request for a second lumbar L5-S1 epidural steroid injection is consistent with CA MTUS guidelines and is therefore considered medically necessary.