

<b>Case Number:</b>	CM13-0019436		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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.

### 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 44-year-old who reported a work related injury on 01/27/2010; mechanism of injury was result of strain to the lumbar spine. Subsequently, the patient is status post a lumbar decompression performed on 07/24/2012; status post bilateral radiofrequency ablation on the right as of 05/03/2013 and on the left as of 06/13/2013. The patient presents for treatment of the following diagnoses: lumbosacral radiculopathy, lumbosacral pain, and depressive disorder. The patient's medication regimen includes gabapentin 600 mg 3 times a day, Norco 10/325 mg 4 tablets per day, oxycodone 7.5/325 mg 1 tablet per day, and Sentra PM 2 tablets at bedtime. The clinical note dated 08/19/2013 reports the patient was seen under the care of [REDACTED] for his continued lumbar spine pain complaints. The provider documents the patient reports lumbar radiculopathy flare-up. The provider documents the patient states his last epidural steroid injection was helpful with greater than 50% decrease in pain initially; however, pain is progressing again. The provider documents the patient utilizes Norco 10/325 mg 6 tablets a day for pain rated at 6/10 to 7/10. Upon physical exam of the patient, positive facet maneuvers at bilateral L4-5 and L5-S1 was noted. The patient had a positive right straight leg raise. The patient had no motor deficits and diminished right ankle deep tendon reflexes. The provider recommended the patient utilize work conditioning and undergo a right L5-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:

**Transforaminal epidural steroid injection under fluoroscopy L5-S1, right: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections Chapter Page(s): 46.

**Decision rationale:** Accordin to the Chronic Pain Medical Treatment Guidelines, 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 to 8 weeks with general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review fails to evidence support for the requested intervention at this point in the patient's treatment. The clinical notes do not evidence an official imaging study of the patient's lumbar spine and the provider documents the patient previously underwent an epidural steroid injection with 50% plus improvement of pain complaint; however, this only lasted 2 weeks. The request for right L5-S1 transforaminal epidural steroid injection under fluoroscopy is not medically necessary or appropriate.