

<b>Case Number:</b>	CM13-0021145		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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, has a subspecialty in Interventional Spine 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 51-year-old male with a date of injury on 8/7/08. The progress report dated 8/9/13 by [REDACTED] noted that the patient suffers from chronic low back pain, due to failed back surgery syndrome. He also has radicular symptoms into bilateral legs. The patient's diagnoses include: thoracic or lumbosacral neuritis or radiculitis, unspecified; sciatica; lumbosacral spondylosis without myelopathy; postlaminectomy syndrome of lumbar region. It was noted that since the last visit, the patient's pain improved for a few days after TFESI (Transforaminal epidural steroid injection) but was now back to baseline. A request was made for a repeat bilateral TFESI at L1/2 and L2/3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Repeat bilateral L1/2 and L2/3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** The progress report dated 8/9/13 by [REDACTED] noted that the patient suffers from chronic low back pain due to failed back surgery syndrome. He also has radicular symptoms into bilateral legs. The patient's diagnoses include: thoracic or lumbosacral neuritis or radiculitis, unspecified; sciatica; lumbosacral spondylosis without myelopathy; postlaminectomy syndrome of lumbar region. It was noted that since the last visit, the patient's pain improved for a few days after TFESI, but was now back to baseline. MTUS pg. 46,47 states "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 six to eight weeks'. The records appear to indicate that the patient did not receive at least 50% relief for 6-8 weeks, therefore the requested medical treatment is not medically necessary and appropriate.

**Transforaminal Epidural Steroid Injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** The progress report dated 8/9/13 by [REDACTED] noted that the patient suffers from chronic low back pain due to failed back surgery syndrome. He also has radicular symptoms into bilateral legs. The patient's diagnoses include: thoracic or lumbosacral neuritis or radiculitis, unspecified; sciatica; lumbosacral spondylosis without myelopathy; postlaminectomy syndrome of lumbar region. It was noted that since the last visit, the patient's pain improved for a few days after TFESI, but was now back to baseline. MTUS pg. 46,47 states "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 six to eight weeks". The records appear to indicate that the patient did not receive at least 50% relief for 6-8 weeks, therefore the requested medical treatment is not medically necessary and appropriate.