

<b>Case Number:</b>	CM13-0022668		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/21/1992
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 & Rehabilitation, has a subspecialty in Pain Management, 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:

This patient is a 49 year old male with date of injury of 07/21/1992. Per the treater's report dated 06/12/2013, listed diagnoses included failed back surgery syndrome, persistent mechanical back pain secondary to left-sided L5 screw fragment, pseudoarthrosis. The patient's symptoms include severe low back pain with radiation into bilateral legs, left greater than right, with extension into the feet. Intensity of pain is 7/10 to 8/10. The patient visits the emergency room on a repeated basis due to unbearable pain. The treater indicates that the patient had 2 epidural injections before: one was from 06/17/2012, which provided up to 80% relief of symptoms for 6 to 8 months, and the last epidural provided 3 months of relief. A request was for bilateral transforaminal nerve blocks at L5-S1 to treat his persistent pain. Physical examination results from 04/24/2013 indicate positive straight leg raise bilaterally, decreased sensation in the S1 distribution bilaterally, drop ankle jerks bilaterally, and some weakness in ankle plantar flexion at 5/5 bilaterally. X-rays of the lumbar spine from 12/19/2012 showed posterior surgical instrumentation extending from L2-L5. No evidence of fracture of the vertebral body.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 46.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines allow for epidural steroid injections for a diagnosis of radiculopathy, which is defined as dermatomal distribution of pain corroborated by imaging studies. In this case, the treater has repeatedly asked for epidural steroid injections. The treating physician mentions in his report, 06/12/2013, that the patient had 2 injections and references a date of 06/17/2012 as the last one that provided 6 to 8 months of significant pain reduction. The 12/19/2012 report also references an epidural steroid injection, but this time, the prior injection was 2 years ago. The treating physician felt that the patient has significant reduction of pain with reduction in use of medications. He also felt confident that if another epidural steroid injection is provided, the patient can decrease the Norco down 3 a day. Although the treating physician provides patchy information, some of them inconsistent, and examination findings that do not quite corroborate L5 radicular symptoms, the patient does present with significant leg symptoms. There is some evidence that the prior injections have helped with reduction of medication use. The patient has significant radicular symptoms, and CT results show multilevel fusion with foraminal stenosis at L5-S1. The request is medically necessary and appropriate.