MAXIMUS Federal Services

| Case Number: | CM13-0029468 | | |
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| Date Assigned: | 11/01/2013 | Date of Injury: | 11/26/2010 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

## 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 Sports Medicine and is licensed to practice in New York and Texas. 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 44-year-old female who reported an injury on 11/26/2010. The mechanism of injury was not provided. Initial conservative care included medications, physical therapy, and a TENS unit. An EMG/NCS performed on an unknown date is reported to have been normal. An unofficial MRI dated 03/10/2011 showed multilevel but unspecified disc bulges. The patient was reported to have received an initial lumbar steroid injection in July of 2013 with 75% effectiveness. However, the patient states that during a GI procedure August 8, 2013, she awoke from anesthesia with excruciating pain as if she never had the initial injection. The patient continues to complain of low back pain of 4/10 that radiates to the right calf. Her diagnoses include lumbar radiculitis right greater than left; lumbar facet arthropathy with myofascial pain; bilateral sacroiliitis; depression and anxiety secondary to chronic pain; chronic headaches; and chronic gastrointestinal irritability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd and 3rd lumbar ESI corticosteroid injection for L5-5-S1 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections to reduce pain and inflammation, restore range of motion by facilitating participation in a therapy program, and avoid surgery, however, it is noted that the treatment alone provides no long-term effectiveness. Criteria for the use of an epidural steroid injection includes but is not limited to, the objective documentation of radiculopathy on physical examination that is corroborated by imaging studies; failed conservative treatment; and repeat therapeutic blocks only if the primary injection provided at least 50% relief for 6-8 weeks. Guidelines do not recommend more than 2 injections in either the diagnostic or therapeutic phases. The patient revealed facet tenderness and decreased sensation to the L5 dermatome during the physical examination dated 10/08/2013. There was no assessment of lower extremity reflexes or motor strength, nor was there discussion of or official imaging studies available, to corroborate the findings. Although the patient reported a 75% decrease in pain from the initial injection, there were no objective pain levels recorded. As such, the request for 2nd and 3rd lumbar ESI corticosteroid injections for L5-S1 under fluoroscopic guidance is non-certified.