

<b>Case Number:</b>	CM13-0032185		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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 38-year-old female who reported an injury on 05/03/2010. The injury was noted to have occurred while the patient was throwing a linen bag into a basket. The patient's diagnoses include lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. The physical exam findings were noted to include an unspecified sensory deficit. It was noted that the patient had an MRI on 09/28/2011; however, this report was not included for review. Clinical notes indicate that the MRI revealed a broad-based disc bulge at L5-S1 with minimal impression on the anterior thecal sac, slight narrowing of the neural foramina bilaterally, and a slight right lateral recess stenosis. At her 04/06/2012 office visit, it was stated that the patient had a previous epidural steroid injection, but she couldn't recall when or for how long she had benefit; she only remembered it was a temporary benefit. However, at her 01/07/2013 office visit, it was noted that the patient had a previous epidural injection and reported at least 50% to 70% relief from her baseline pain and showed evidence of improved function for at least 6 weeks to 8 weeks after the injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 transforaminal steroid injection:** Upheld

**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 (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that, for epidural steroid injection therapy, radiculopathy must be documented on physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and the patient needs to have been initially unresponsive to conservative treatment, including exercises, physical therapy, NSAIDs, and muscle relaxants. It further states that, for repeat blocks, the determination of necessity 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. The patient was noted in her most recent office note dated 04/19/2013 to have a sensory deficit; however, it is unknown which extremity or which dermatome this sensory deficit correlated with. Additionally, the MRI was not noted to show significant pathology consistent with radiculopathy. Moreover, the patient's outcome following her previous epidural steroid injection is not clear, as 1 office note states that the patient does not remember how long her temporary benefit lasted, while another note states that she had 50% to 70% relief and improved function for at least 6 weeks to 8 weeks. There was also no notation stating whether the patient was able to reduce her medication use following her previous epidural steroid injection. As the documentation submitted for review failed to show evidence of objective findings consistent with radiculopathy and correlation by imaging studies, and there are inconsistencies related to the patient's prior outcome following epidural steroid injections, the request is not supported.