

<b>Case Number:</b>	CM13-0034161		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 is a patient with a date of injury of 6/30/11. A note dated 8/15/13 identifies 80% back pain and 20% leg pain. A transforaminal ESI was performed on 7/3/13 with moderate pain relief lasting two weeks and there were functional improvements. On exam, range of motion is limited with mild spasm and moderate tenderness. Straight leg raise is moderately positive at right L5 (40 degrees) and right S1 (45 degrees) for radicular symptomatology. Facet distraction/loading maneuvers are positive moderately at bilateral L3-4 and bilateral L4-5 for axial lumbar pain. Sacroiliac joint tests are positive on the right. There is diminished sensation along the right L5 and S1 root distribution. There is trace weakness on knee flexion, ankle dorsiflexion and ankle plantar flexion of the right side. There is trace diminished reflex at the right medial hamstring and right Achilles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH GUIDANCE(FLUOROSCOPY OR CT) LUMBAR OR SACRAL, SINGLE LEVEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI)..

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain. Regarding repeat epidural injections, guidelines state that 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 6-8 weeks, with a general recommendation of no more than four blocks per region per year. Within the documentation available for review, there is no documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for at least six weeks from the prior injection. In the absence of such documentation, the request is not medically necessary.