

<b>Case Number:</b>	CM13-0048211		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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:

The patient is a 62-year-old female who reported injury on 05/31/2005. The mechanism of injury was not provided. The patient complained of low back pain radiating to the bilateral lower extremities to the level of the toes. The pain was associated with tingling and numbness in the lower extremity. The patient had a transforaminal epidural steroid injection on the right at the level of L4-S1 on 09/06/2011. The patient indicated that they had 50% to 80% overall improvement and reported significant functional improvement and improved mobility. The objective examination revealed the patient had a moderate reduction of the range of motion secondary to pain. The patient had spinal vertebral tenderness in the lumbar spine at the level of L4-S1. There was decreased sensation along the L4-S1 dermatomes and myotomes bilaterally. The patient's diagnosis included lumbar radiculopathy. The request was made for an epidural steroid injection bilaterally at the level of L4-S1. The physician opined the patient was in the therapeutic phase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL ESI - BILATERAL L4-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Epidural Steroid Injections, (ESIs) Page(s): 46.

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

**Decision rationale:** California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective pain relief, as per the VAS, and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review failed to provide documentation of objective pain relief, as well as functional improvement. There was a lack of documentation of associated reduction of medication use for 6 to 8 weeks. Additionally, the prior procedure was noted to be on the right, not bilaterally. The request as submitted was for bilateral, and the objective findings were in the bilateral dermatomes and myotomes. As the prior injection was unilateral, the MRI would be required to corroborate the findings of radiculopathy. Given the above, the request for a transforaminal ESI, bilateral L4-S1, is not medically necessary.