

<b>Case Number:</b>	CM13-0049050		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Interventional Spine 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 patient is a 49-year-old male with date of injury of 07/12/2007. Per provider's report 09/20/2013, the patient presents with low back and right lower extremity pain with a listed diagnoses of thoracic or lumbosacral neuritis or radiculitis, spasm of the muscle, myalgia/myositis, osteoarthritis, long-term use of medications. Under treatment plan and discussion, the provider states "he really does a great deal better when he gets the injections in a periodic basis" and he was recommending right L5-S1 and S1 ESI for relief of his radicular pain that has gotten bad again. Under subjective, the patient noted 8 months relief after each ESI and with improved pain, the patient is able to avoid medications and the patient would like another shot. There is a report of MRI which was referenced by the progress reports. The MRI is referenced to 09/11/2007 with the summary of facet change and disk changes contributing to relative compression of right L5-S1 nerve root consistent with clinical findings L4-L5 disk bulge not believed to be especially clinically relevant. There is an operative report from 10/30/2012 for right L5-S1 and S1 transforaminal epidural steroid injection performed by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L5-S1 TRANSFORAMINAL ESI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back and right lower extremity pain. There is a request for lumbar epidural steroid injection for right L5-S1 and S1 transforaminal approach. Review of the reports show that this patient's last ESI was on 10/30/2012. The progress report surrounding this procedure shows that the patient's pain level was at 7/10 prior to the injection, and by 02/25/2013, the patient's average pain level was at 4/10. The 02/25/2013 report states the patient is still doing well from epidural steroid injection and only occasionally taking hydrocodone. Reports dated 11/28/2012 also states that the patient was 1 week from epidural steroid injection and has "no pain". No MRI report was provided but there is a reference to MRI from 09/11/2007 showing relative compressions at right L5-S1 nerve root consistent with clinical findings. The California MTUS Guidelines allow for epidural steroid injection to treat radiculopathy. In this case, the patient has clear pain down the right lower extremity, examination findings show some weakness and depressed reflexes. Review of the reports showed that the patient's last ESI was from 10/30/2012 with subsequent reports that he was getting significant reduction of the symptoms with the pain level going from 7/10 to 4/10, reduction of the medication. MRI references nerve root impingement. Recommendation is for authorization.

**RIGHT S1 TRANSFORAMINAL ESI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

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