

<b>Case Number:</b>	CM13-0060553		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 51-year-old male with a 4/16/08 date of injury. At the time (11/12/13) of request for authorization for bilateral L5 transforaminal epidural steroid injection (ESI) x 1, there is documentation of subjective (axial low back pain without radiation into the extremity, denies any weakness or numbness of the lower extremities; bilateral buttock and right hip pain) and objective (antalgic gait, 5/5 muscle strength, DTRs 2+ bilaterally, sensation intact, tenderness to palpation in bilateral lumbar paraspinal muscle groups and the right buttock, pain increased with flexion and extension of the lumbar spine, straight leg raise caused right hip and buttock pain) findings, current diagnoses (low back pain, lumbosacral spondylosis without myelopathy, myofascial pain, lumbar or thoracic radiculitis/radiculopathy), and treatment to date (right sided transforaminal epidural steroid injection at L4 and L5 (without any significant long term relief), facet joint injections, PT, chiropractic, exercises, and medications). 12/3/13 medical letter identifies a request for bilateral L5 transforaminal epidural steroid injections, because patient had similar procedure that helped relief his pain 75%. There is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L5 TRANSFORAMINAL EPIDURAL STERIOD INJECTION (ESI) X1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbosacral spondylosis without myelopathy, myofascial pain, lumbar or thoracic radiculitis/radiculopath. However, despite 12/3/13 medical letter documentation that previous transforaminal epidural steroid injection helped relief pain 75% and given 10/16/13 medical report documentation that prior right sided transforaminal epidural steroid injection at L4 and L5 provided no significant long term relief, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous transforaminal epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L5 Transforaminal Epidural Steroid Injection (ESI) x 1 is not medically necessary.