

<b>Case Number:</b>	CM13-0072236		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/24/2001
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

The injured worker is a 58 year old male with a reported date of injury on 07/24/2001. The worker was injured as he stepped over construction debris, lost his balance, and twisted his back. The progress note dated 01/06/2014 noted the injured worker complained of pain in the right buttocks radiating down the right leg, into the foot and toes with numbness in the same distribution. The injured worker previously received epidural steroid injections three times a year and stated he had good relief with left/right sided injections but not the bilateral injection. Most recently the injured worker underwent a left epidural steroid injection to L5 and S1 on 10/17/2013. A straight leg raise was positive on the right leg and reflexes were full and equal. The progress note dated 06/25/2013 noted the injured worker only had a few days of pain relief with the last two epidural steroid injections which were to the left L5 and left S1 levels and the bilateral L5 level. The request for authorization form was submitted on 01/08/2014 for epidural steroid injection due to chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A L5 -S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Upheld

**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 ESIs  
Page(s): 46.

**Decision rationale:** The California Chronic Pain Medical Treatment guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines recommend injured workers should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker received injections on 03/19/2013, 06/18/2013, and 10/17/2013. Within the provided documentation, there is lack of documentation indicating the injured worker had significant objective functional improvement and at least 50% pain relief with associated reduction of medication use for six to eight weeks. There was a lack of documentation of significant findings of radiculopathy upon physical exam. Additionally, the requesting physician did not include an official MRI of the lumbar spine within the documentation. Therefore, the request is not accordance with guidelines and not medically necessary.