

<b>Case Number:</b>	CM14-0000818		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 54 year old male with a date of injury on 4/22/2011. Subjective complaints from a 10/22/2013 visit are of recurring low back pain rated at between 3-4/10, and on 11/25/2013 low back pain at 7/10. The patient denied thigh or buttock pain. Physical exam shows tenderness of the axial lumbar spine, and decreased range of motion. There is tenderness of the right greater trochanter. Nerve root tension signs were negative, and neurological examination was normal. Patient had prior bilateral S1 transforaminal steroid injections on 9/10/2013. Medications include Norco, and NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2ND BILATERAL S1 TRANSFORAMINAL INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** CA MTUS notes that the purpose of epidural steroid injections 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. The American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that did not demonstrate lasting pain relief or functional improvement, as post- injection visit noted pain at 7/10. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there was not objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, the medical necessity of an epidural steroid injection is not established at this time.