MAXIMUS Federal Services

| Case Number: | CM14-0006300 | | |
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| Date Assigned: | 06/11/2014 | Date of Injury: | 02/04/2010 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

## 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 & Rehabilitation, 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 49-year-old female who reported an injury on 02/04/2010. The mechanism of injury was not provided. On 10/08/2013, the injured worker presented with pain in the shoulders, forearms, knee, and low back. She stated that the pain in the low back radiated to the lower extremities and interferes with daily activities and sleep. Upon examination, there was a positive straight leg raise bilaterally, paravertebral muscle spasm and tenderness in the lower lumbar region, and sensation intact. The diagnoses were cervical spine sprain/strain, good relief in neck pain after rhizotomy, lumbar spine sprain/strain, MRI (magnetic resonance imaging) findings of a 4mm disc bulge at L5-S1 with facet arthrosis, MRI finding of lumbarization of S1, and MRI finding of 3mm disc protrusion at L4-5 with hypertrophic facet changes. The provider recommended an outpatient bilateral S1 transforaminal epidural steroid injection under fluoroscopic guidance. The provider stated that the injured worker still has lower back pain that radiates to the lower extremities with numbness and pain in the legs. If he gets good relief with the injection, then a second injection would be recommended. The request for authorization form was not included in the medical documents for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient bilateral S1 transforaminal epidural steroid injection under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for outpatient bilateral S1 transforaminal epidural steroid injection under fluoroscopic guidance is non-certified. The California MTUS Guidelines recommend epidural steroid injection (ESI) as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts to include continuing a home exercise program. There is no information on improved function. The criteria for use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, the injured worker must be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than two levels should be injected using transforaminal blocks. The included clinical documentation provides objective evidence of radiculopathy; however, it was not corroborated by imaging studies. There was no documentation of failure to respond to conservative treatment. In the absence of clear corroboration of radiculopathy by physical exam findings and imaging studies or electrodiagnostic test results and documentation reviewing a plan for active therapy following the injection, the request is not supported. As such, the request is non-certified.