

<b>Case Number:</b>	CM14-0010532		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of May 9, 2001. A utilization review determination dated January 3, 2014 recommends noncertification of bilateral L5 and S1 transforaminal lumbar epidural injections. Noncertification was recommended due to a lack of subjective, objective, and diagnostic findings supporting a diagnosis of radiculopathy at the requested levels. A special report dated January 30, 2014 indicates that the patient has complaints of low back pain radiating down both of her legs, along with positive right side straight leg raising. The report goes on to indicate that the patient's pain and radicular symptoms have been recalcitrant to other treatment modalities including pharmacotherapy, activity modification, and exercise. The note goes on to imply that the patient has motor changes, and reviews MRI findings from 2008 identifying minor disc bulging at 3 levels with mild foraminal compromise. A progress report dated January 27, 2014 includes subjective complaints including increased right lower extremity pain. The note seems to imply that the patient previously underwent a transforaminal epidural injection which resulted in 80% relief, lasted 4 months, and improved walking, standing, and sitting tolerance. Physical examination findings reveal reduced strength in the right lower extremity, normal sensory examination, and positive straight leg raise on the right. Diagnoses include lumbar radiculopathy, and post laminectomy syndrome. A review of a February 8, 2008 lumbar spine MRI identifies minor disc bulging at L2-3, L3-4, and L4-5 causing minor ventral extra dural defects and mild foraminal compromise. The note indicates that the patient has had numerous bilateral L5 transforaminal epidural steroid injections as well as some L5 and S1 transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 BILATERAL L5 AND S1 TRANSFORAMINAL LUMBER EPIDURAL INJECTION:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792 Epidural steroid injections (ESIs) Page(s).

**Decision rationale:** Regarding the request for repeat lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the requesting physician has now identified subjective complaints and objective findings supporting a diagnosis of radiculopathy on the right side. However, the MRI report which was reviewed by the requesting physician does not identify neuroforaminal compromise at the requested bilateral S1 level. Additionally, the most recent progress report available for review does not identify objective examination findings supporting a diagnosis of radiculopathy at the L5 and S1 levels on the left side. In the absence of such documentation, the currently requested bilateral L5 and S1 transforaminal lumbar epidural injections are not medically necessary.