

<b>Case Number:</b>	CM14-0016548		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	03/01/2003
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Interventional Spine 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 patient is a 52-year-old female with a date of injury of 03/01/2003. The listed diagnoses per [REDACTED] are degeneration of lumbar or lumbosacral intervertebral disk, thoracic or lumbosacral neuritis and radiculitis, unspecified essential hypertension, migraine, spondylosis, spasm of muscles, sacroiliitis, sacral ligamentous sprain, lumbago and sciatica. According to report dated 01/16/2004, the patient presents with chronic low back pain. The patient rates the back pain as 7/10 on a VAS scale. Pain is constant, aching, sharp, and stabbing. There is tingling and numbness sensation radiating into bilateral lateral legs, left greater than right. The examination reveals lumbar flexion is to 60 degrees with moderate low back pain. Extension is limited to only 15 degrees due to facet loading pain. Palpation of the lumbar facets also elicited facet tenderness. Straight leg raise is no longer positive bilaterally. The sacroiliac joints are nontender to palpation. Motor testing is 5/5 in the bilateral lower extremities. Sensory perception is intact to soft touch, but there is no longer paresthesia in bilateral L4 and L5 nerve root dermatomes. The provider recommends the patient continue with medication and recommends bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection to alleviate her radicular pains

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID 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): 46-47.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting a bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection. The California MTUS Guidelines page 46 and 47 recommends epidural injection as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings on radiograph studies. The medical records document the patient had bilateral L4-L5 and L5-S1 epidural injections on 02/05/2013 and 08/20/2013. In this case, a repeat injection is not indicated as there is no documentation of at least 50% reduction of pain lasting 6-8 week and reduction of medication usage. The progress report immediately prior to the 08/20/2013 ESI, indicates a pain level of 7/10 and using Norco 10/325mg #90 and Butrans 10mcg/hr #4 for pain. The report following the last ESI indicates a decrease in pain level to 1/10; however, the patient continues to utilize Norco 10/325mg #90 and Butrans 10mcg/hr #4 for pain. California MTUS requires documentation of functional improvement with medication reduction for repeat ESI's. Recommendation is for denial.