

<b>Case Number:</b>	CM14-0018713		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	03/07/2004
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Neuromusculoskeletal 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:

This is a 46-year-old female with a date of injury on March 7, 2004, who worked as a material handler lifting boxes/cases that resulted in a back strain. Since that time, she had complaints of lower back pain and ultimately underwent a spinal fusion from L3-S1 in January of 2011. On physician Progress Reported dated January 14, 2014, the patient's back pain is worse as is her right leg pain and her back pain is radiated to the right hip; has denial of numbness, tingling or weakness in her lower extremities. Her current pain medication regimen brings her pain to a tolerable level so she is able to increase her functioning. However, on a follow-up visit for Pain Management dated February 19, 2014, it states "She also indicates cramping in the right gastrocnemius and pins and needles and stabbing in the right heel and sole and toes. She also indicates numbness in the left toes". On physical exam from the same progress report, the patient is found to have tenderness over the musculature of the lumbar spine and direct reproducible midline and paraspinal tenderness over the upper lumbar spine. Range of motion is 50% of normal for flexion and extension maneuvering. The patient has positive tenderness over the right posterior superior iliac spine (PSIS). An MRI dated March 30, 2013 includes the following findings: "Overall appearance stable since prior exam; anterior and posterior fusion from L3 to S1 is robust and stable since prior exam; neural foraminal are patent bilaterally; Mild L2-L3 disc degeneration is stable since prior exam. No documentation of radiculopathy annotated." The disputed treatment in questions is an outpatient transforaminal epidural steroid injection to the right L2-3 region with follow-up two (2) weeks later.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT TRANSFORAMINAL EPIDURAL STEROID AT L2-L3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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 guidelines are specific as to what must be demonstrated in order to obtain an ESI. The medical records provided for review do not show evidence of the complaint of radicular symptoms, or documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies. Therefore, the request is medically unnecessary.

**FOLLOW-UP VISIT TWO (2) WEEKS AFTER THE INJECTION: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.