

<b>Case Number:</b>	CM14-0130831		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Occupational Medicine 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 66-year old female with a 5/22/01 date of injury, when she injured her lower back while lifting heavy equipment. The patient underwent left L4-L5 lumbar laminectomy in 2001 and had placed spinal cord stimulator in 2006. The progress note dated 5/4/2011 stated that the patient had epidural steroid injections as well as nerve root blocks, facet blocks, and a radiofrequency ablation and neurectomy of the L3, L4 and L5 levels and that all of these treatments gave temporary relief with her pain. The progress note dated 3/25/14 indicated that the patient had bilateral SI joint injections on 3/6/14 and reported temporary pain relief, functional gain and ADLs improvement from the treatment. The patient was seen on 7/25/14 with complaints of 8/10 intermittent sharp low back pain with numbness and tingling, radiating down into both lower extremities. Exam findings revealed antalgic gait, positive straight leg raising test bilaterally and tenderness over the sacroiliac joints bilaterally. There was tenderness to palpation over the lumbar paraspinal muscles at L4-L5 and L5-S1. The lumbar spine range of motion was limited and there was decreased sensation to pinprick over the L4, L5 and S1 dermatomes bilaterally. The muscle strength was 4/5 in all muscle groups in the bilateral lower extremities and reflexes was decreased at the ankles and knees bilaterally. The provider requested transforaminal lumbar epidural injection at bilateral L4/L5 and L5/S1 and stated that previous injections offered the patient great pain relief and functional gains. The diagnosis is lumbago, sciatica, SI joint pain, left foot and hand pain, status post spinal cord stimulator placement and post laminectomy syndrome. Treatment to date: acupuncture, physical therapy, home exercise program, work restrictions, lumbar spine cord stimulator, medications. An adverse determination was received on 8/1/14 given that there was very limited documentation of neurologic deficits at the level of L4-L5 and L5-S1 and prior conservative care and the patient's response after surgery were not clearly outlined.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4/5 and L5/S1 transforaminal epidural steroid injection under fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The progress notes indicated that the patient had multiple steroid injections in the past and that the patient had bilateral SI joint injections on 3/6/14. The provider's note dated 7/25/14 stated that the previous injections offered the patient great pain relief and functional gain. However, it is not clear what percentage in the patient's pain relief was received and there is a lack of documentation indicating for how long the patient's pain relief lasted. Therefore, the request for L4/5 and L5/S1 transforaminal epidural steroid injection under fluoroscopy was not medically necessary.