

<b>Case Number:</b>	CM14-0139729		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 62 year old female who reported an injury on 06/01/2004; the mechanism of injury was not provided. Diagnoses included lumbosacral radiculopathy, lumbar strain, and lumbosacral disc degenerative disease; and L5-S1 neural impingement, facet hypertrophy and status post hemilaminectomy. Past treatments included left L4-L5 and left S1 epidural steroid injections on 01/11/2011, physical therapy and medication. An MRI of the lumbar spine was completed on 07/09/2014, which indicated irregular disc bulges at L4-L5 and L5-S1 with neural foraminal narrowing; L5-S1 left paracentral disc bulge does impinge left lateral recess and mildly displaced posteriorly the descending left S1 nerve root within lateral recess; and additional mild disc bulging and hypertrophic changes at L2-L3 and L3-L4. Surgical history included microdiscectomy at L4-L5 and L5-S1 and hemilaminectomy. The clinical note dated 08/14/2014 indicated the injured worker complained of a flare-up of low back pain and stated that previous epidural steroid injections had improved her symptoms. The physical exam revealed positive straight leg raise. Current medications included unspecified pain medications. The treatment plan included lumbar transforaminal epidural steroid injection under fluoro guidance, bilateral L5-S1. The rationale for treatment and request for authorization were not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforminal epidural steroid injection under fluoro guidance, bilateral L5-S1:**  
Upheld

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

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

**Decision rationale:** The California MTUS guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for use of epidural steroid injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the therapeutic phase, 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. The injured worker complained of a flare-up of low back pain, and stated that previous epidural steroid injections had improved her symptoms. The physical exam revealed a positive straight leg raise. The injured worker previously had left L4-L5 and left S1 epidural steroid injections on 01/11/2011. There is a lack of clinical documentation to indicate the injured worker had objective pain relief and functional improvement from the previous epidural steroid injections, including at least 50% pain relief and reduction of medication use for six to eight weeks. Therefore the request for lumbar transforaminal epidural steroid injection under fluoro guidance, bilateral L5-S1 is not medically necessary.