

<b>Case Number:</b>	CM14-0158304		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/08/2000
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 & Rehabilitation 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 47 year-old patient sustained an injury on 5/8/2000 while employed by [REDACTED]. Request(s) under consideration include Three (3) L5/S1 transforaminal epidural steroid injections. Diagnosis includes Lumbago. Conservative care has included medications, therapy, and modified activities/rest. Report of 8/12/14 from the provider noted the patient with worsening and exacerbation of chronic low back pain. Exam showed restricted lumbar range of motion with pain on left lateral tilt, pain in left buttock, SLR with pain in buttock and proximal left thigh; cervical range within normal limits without radiation on Spurling's maneuver. Treatment included medications Norco, Phentermine with LESI x 3. It was noted the patient has received numerous previous epidural injections with the vast majority with 50% relief or more for three to six months. When the patient had series of 3 injections, she had relief for about a year. The request(s) for Three (3) L5/S1 transforaminal epidural steroid injections was denied on 8/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) L5/S1 transforaminal epidural steroid injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. The patient is s/p multi-level lumbar fusion of L3-S1 with lumbar spine MRI indication solid fusion without canal stenosis, neural foraminal narrowing or nerve impingement. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported 50% improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this May 2000 injury. Criteria for repeating the epidurals have not been met or established. The Three (3) L5/S1 transforaminal epidural steroid injections are not medically necessary.