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| <b>Case Number:</b>   | CM14-0159507 |                              |            |
| <b>Date Assigned:</b> | 10/03/2014   | <b>Date of Injury:</b>       | 06/15/2010 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 09/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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:

The patient is a 34-year-old male who sustained a work related injury on June 15, 2010. The patient has undergone right L5 hemilaminotomy, L5-S1 microdiscectomy on October 29, 2010 and is status post-anterior lumbar interbody fusion and discectomy at L4-5 and L5-S1 on February 26, 2013. The patient underwent a lumbar spine MRI on February 8, 2014 that confirms previous L4-5 and L5-S1 laminectomy with posterior spinal fusion with interbody cages from L4-S1 without evidence of hardware fracture or loosening. Additionally, no evidence of spinal or foraminal stenosis, focal disc protrusion or neural impingement is noted. An electromyography (EMG) performed on December 24, 2013 was negative for lumbar radiculopathy. In dispute is a decision for a transforaminal bilateral ESI L4-5, L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Bilateral ESI L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Page(s): 46.

**Decision rationale:** 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 MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. The patient's spinal fusion is absent evidence of hardware fracture or loosening. Additionally there is no evidence on MRI of spinal or foraminal stenosis, focal disc protrusion or neural impingement. With the patient having no documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies, the request for Epidural Steroid Injection is not medically necessary and appropriate.