

<b>Case Number:</b>	CM14-0159985		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/08/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female who has submitted a claim for L5-S1 herniated nucleus pulposus, L5-S1 degenerative disc disease, postoperative spine surgery syndrome, lumbar radiculopathy, and uncomplicated Type II Diabetes Mellitus, status post L5-S1 laminoforaminotomy and microdiscectomy, right (05/23/2013), and status post right sacroiliac joint fusion (12/12/2013); associated with an industrial injury date of 09/16/2012. Medical records from 2014 were reviewed and showed that patient complained of right low back and lower extremity pain graded 4-7/10. Pain is aggravated by prolonged sitting, standing and walking, and is relieved by medications and assuming a left side lying position. Physical examination showed that the patient had an antalgic gait. Tenderness was noted over the right buttock and incision site. Range of motion of the right hip was decreased compared to the left. Femoral nerve test was positive. Straight leg and slump tests were negative. Dermatomes, myotomes, and reflexes were intact. The patient has had previous TFESI on 04/30/2014. MRI of the lumbar spine, dated 10/04/2012, showed marked stenosis of the right lateral recess and neural foramen at the level of L5-S1. The official report of the imaging procedure was not provided for review. Treatment to date has included medications, physical therapy, epidural steroid injection, and surgery as stated above. Utilization review, dated 09/08/2014, denied the requests for right therapeutic transforaminal epidural steroid injection L5-S1 and S1-S2 because there was no documentation that prior ESIs provided the symptomatic relief required by the guidelines, there was no description of pain in a dermatomal distribution, and the physical examination showed no evidence of the presence of radiculopathy. An appeal letter, dated 10/02/2014, stated that the patient complained of pain the S1 dermatomal distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Therapeutic Transforaminal Epidural Steroid Injection (ESI) L5-S1: 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 injection Page(s): 46.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of right low back and lower extremity pain despite medications, physical therapy, and surgery. The patient has had one previous TFESI on 04/30/2014, which decreased pain symptoms from 8/10 to 5/10 for 2 weeks. However, physical examination did not show objective evidence of radiculopathy. Moreover, an updated MRI of the lumbar spine was not available for review, as medical records did not include MRI results postoperatively. Furthermore, the previous TFESI did not provide at least 50% pain relief, and there was no discussion regarding reduction of medication intake or functional improvement. The criteria for ESI have not been met. Therefore, the request for right therapeutic Transforaminal epidural steroid injection L5-S1 is not medically necessary.

**Right Therapeutic Transforaminal Epidural Steroid Injection (ESIs) S1-2: Upheld**

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

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of right low back and lower extremity pain despite medications, physical therapy, and surgery. The patient has had one previous TFESI on 04/30/2014 which decreased pain symptoms from 8/10 to 5/10 for 2 weeks. However, physical examination did not show objective evidence of radiculopathy. Moreover, an updated MRI of the lumbar spine was not available for review, and the most recent MRI did not show significant narrowing or frank nerve root compromise at the S1-S2 level. Furthermore, the

previous TFESI did not provide at least 50% pain relief, and there was no discussion regarding reduction of medication intake or functional improvement. The criteria for ESI have not been met. Therefore, the request for right therapeutic Transforaminal epidural steroid injection S1-S2 is not medically necessary.