

<b>Case Number:</b>	CM14-0169407		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 31-year-old female with a date of injury of 10/10/2013. The listed diagnoses per [REDACTED] are degenerative disk disease with central disk herniation and annular tear at L5-S1. According to progress report 09/10/2014, the patient complains of constant dull low back pain and "pain does not radiate into the legs." She has had weakness and giving away of the left leg and her knees are noted as sore. Examination of the lumbar spine revealed normal lordosis and thoracic kyphosis. Toe and heel walking are without observed deficit. Lumbar extension, right lateral flexion, and left lateral flexion are moderately decreased. Motor strength is noted as normal. Light touch sensation is intact in both lower extremities. Straight leg raise is negative bilaterally. MRI of the lumbar spine from 03/08/2014 revealed normal disk height and signal intensity at L1 through L5. There is desiccation and moderate loss of disk height at L5-S1 and there is central disk protrusion, which abuts the bilateral S1 nerve roots and the lateral recess resulting in mild to moderate bilateral lateral recess stenosis with central stenosis. In order to avoid surgery, the treating physician would like to "request authorization to have her undergo a second a lumbar epidural steroid injection." The treating physician further states, "I do not have medical records which confirm the effect of the first injection but according to patient, it was of benefit." Utilization review denied the request on 09/18/2014. The medical file provided for review includes 2 progress reports from 05/07/2014 and 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Transforaminal Epidural Steroid Injection at L5-S1 with Fluoroscopy and Epidurography x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections (ESIs), therapeutic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

**Decision rationale:** This patient presents with constant dull low back pain that does not radiate into the legs. The treating physician is requesting a bilateral lumbar transforaminal epidural injection at L5-S1 with fluoroscopy and epidurography x2. The MTUS guidelines have the following regarding ESI under chronic pain section, pages 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy)." For repeat injection during therapeutic phase, "Continued documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." The medical files do not include operative report and progress reports do not document improvement from prior ESI. Repeat injections are not support without documentation of at least 50% pain relief with decrease in medication intake. A repeat injection would not be indicated given the lack of functional improvement as defined by MTUS. This request is not medically necessary.