

<b>Case Number:</b>	CM14-0171134		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 8/15/14 note indicates pain in low back with increased weakness and pain in the right buttock. There is continued difficulty with putting on underwear and pants. The pain is 9/10. The right SI joint has localized pain on exam. Strength is normal at 5/5 and sensation is intact. Straight leg raise is negative bilaterally. The insured is reported to have success with epidurals in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral transforaminal epidural steroid injections, L5 fluoroscopic guidance #2:**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI

**Decision rationale:** ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records provided for review do not indicate physical exam findings consistent with radiculopathy and there is no corroboration by EMG or imaging. Results of previous ESI are not indicated in quantitative degree or duration. Given the lack of pain relief, repeat injection of

epidural steroid injection is not supported under ODG guidelines. The request for Bilateral transforaminal epidural steroid injections, L5 fluoroscopic guidance #2 is not medically necessary.

**Bilateral transforaminal epidural steroid injections, S1 fluoroscopic guidance #2:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI

**Decision rationale:** ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records provided for review do not indicate physical exam findings consistent with radiculopathy and there is no corroboration by EMG or imaging. Results of previous ESI are not indicated in quantitative degree or duration. Given the lack of pain relief, repeat injection of epidural steroid injection is not supported under ODG guidelines. The request for Bilateral transforaminal epidural steroid injections, S1 fluoroscopic guidance #2 is not medically necessary.