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| Case Number: | CM14-0174775 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 08/22/2011 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 Georgia. 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 52 year old male presenting with injury on 08/22/2011. The patient complained of low back and left leg pain. The patient was diagnosed with lumbosacral neuritis, lumbar radiculopathy, lumbago, lumbar spinal stenosis, sacroiliac joint sprain, L4-5 disc protrusion, L4-5 grade I spondylolisthesis and chronic pain syndrome. MRI of the lumbar spine on 02/15/2012, showed T12-L1 moderate disc bulge, L4-5 small central and left disc protrusion and left foraminal encroachment, L5-S1 spondylosis, grade I spondylolisthesis, disc bulge, moderately severe bilateral foraminal encroachment and facet hypertrophy. Electrodiagnostic studies of lower extremities showed mild and chronic left S1 radiculopathy. The physical exam showed mild antalgic gait, mild decrease in lumbosacral range of motion with pain, tender lumbosacral spine and paraspinals, left sacroiliac joint and gluteal area, bilateral hip girdle strength 4/5, decreased sensation in the left posterior leg, positive straight leg raise and intact motor function of the lower extremities. The medications included Tizanidine, Celebrex, Gabapentin, and Norco. The patient reported 50 percent reduction in pain with medications and no benefit with physical therapy, chiropractic care and a previous epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection at L5-S1 under Fluoroscopy Guidance,
Lumbar:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: Transforaminal Epidural Steroid Injection at L5-S1 under Fluoroscopy Guidance, Lumbar is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam is consistent with lumbar radiculitis but the MRI does not corroborate these findings. Additionally, the patient had a previous epidural steroid injection that he reported was of no benefit; therefore, the requested services is not medically necessary.