

Case Number:	CM14-0020033		
Date Assigned:	04/25/2014	Date of Injury:	04/28/2006
Decision Date:	08/06/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 with a work injury to her low back dated 4/28/06. The current diagnoses are lumbar intervertebral disc displacement, herniated nucleus pulposus, radiculopathy, and spondylolisthesis. A request was made for a transforaminal epidural steroid injection (ESI) at bilateral S1 under fluoroscopy. Previous treatment is comprised of medications and epidural steroid injection, chiropractic care and physical therapy. A lumbar MRI on 10/24/13 showed a disc protrusion at L5-S1 causing pressure over the thecal sac and on both S1 nerve roots. Per an 8/26/13 provider document the patient had an excellent response to L4 and L5 transforaminal/epidural (TFE) injections in February 2012 with 70% pain relief for 4 to 5 months. An 8/1/06 electrodiagnostic testing revealed bilateral chronic L4, L5 radiculopathies with left L4 axonal loss. Per the 1/28/14 document the patient has had a history of right lumbar transforaminal injections with good results, excellent pain improvement for several months. The provider wishes to proceed with bilateral S1 TFE injections; per documentation submitted the provider states that he would like to make certain that it is acceptable for him to perform the bilateral S1 transforaminal injections based on the results of the MRI as well as her symptoms. On exam the sitting straight leg raise is positive bilaterally with pain radiating down the lower extremities. Bilateral ankle dorsiflexors and evertors, knee flexors, extensors, and hip flexors were 5/5. The plan states that the provider is requesting to perform bilateral S1 transforaminal injections under fluoro.

IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL S1 TRANSFORAMINAL EPIDURAL INJECTION UNDER
FLUOROSCOPY QTY: 2: 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 injections (ESIs) Page(s): 45.

Decision rationale: The MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The patient's physical exam does not have a dermatomal specific distribution of pain. There is a positive straight leg raise bilaterally but no description of distribution. Although the MRI describes possible bilateral S1 nerve involvement, without the radicular dermatomal distribution documented on physical exam, the treatment is not guideline supported. As such, the request is not medically necessary.