

<b>Case Number:</b>	CM14-0024014		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 42-year-old female with a 4/3/13 date of injury. At the time of the request for authorization for bilateral L5-S1 transforaminal epidural steroid injection, there is documentation of low back pain that radiates to the bilateral lower extremities and decreased light touch in the bilateral lower extremities along the L5-S1 dermatome findings. A lumbar spine MRI dated 9/24/13 revealed at L5-S1 normal signal intensity of the disc and disc height. The central canal, the neural foramina and the facet joints are normal. The patient's diagnoses included lumbar radiculitis, lumbar disc degeneration, and chronic pain other. The treatment to date included transcutaneous electrical nerve stimulation, physical therapy, chiropractic therapy, and medication. The medical reports document a request for diagnostic transforaminal epidural steroid injection using fluoroscopy at the bilateral L5-S1 level due to the patient being in the diagnostic phase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 Transforaminal epidural steroid injection, quantity: 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Worker's Compensation, Online Edition Chapter: Low Back - Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, EPIDURAL STEROID INJECTIONS, DIAGNOSTIC.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbar disc degeneration, and chronic pain other. In addition, there is documentation of a request for diagnostic transforaminal epidural steroid injection using fluoroscopy at the bilateral L5-S1 level due to the patient being in the diagnostic phase and a condition/diagnosis (with supportive subjective/objective findings) for which a diagnostic epidural steroid injection is indicated [to help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies]. Therefore, based on guidelines and a review of the evidence, the request for bilateral L5-S1 transforaminal epidural steroid injection is medically necessary.