

<b>Case Number:</b>	CM14-0026808		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Neuromuscularskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 49-year-old female who sustained industrial injuries on 8/10/12 and 2/8/13 when the chair she was sitting upon slipped out from under her and she landed upon her buttocks on the floor. The second injury led to worsening of her lower back pain. She has had lower back pain ever since. Her pain is in the lower back and left buttock that is exacerbated by periods of prolonged sitting. Her discomfort radiates into her hips and bilateral buttocks. On her most recent pain management report dated 1/14/14, there is no subjective complaint of radicular symptoms. Upon examination, she has a normal gait and station, is able to heel-to-toe, and heel and toe ambulate. Upon palpation from the L3 to S1 levels, there is bilateral pain along the lumbar facets. Palpation of the lumbar intervertebral spaces reveals pain at L5-S1. Palpation of the bilateral sacroiliac joints reveals left sided, but not right-sided pain. No documented deficits in sensory, motor or reflexes are noted. MRI on 10/9/13 showed the lumbar spine to have only a small disc/osteophyte complex at L1-2 with tiny disc bulges at all levels from L2 to S1. The report is absent of demonstrating cause for radicular symptoms. For treatment, the patient underwent a sacroiliac joint injection on 12/23/13 with only 20% improvement in her pain complaint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 TRANSLAMINAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. As there is neither the complaint of radicular symptoms, no documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies, I find the request for EIS medically unnecessary.