

<b>Case Number:</b>	CM14-0030258		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	07/09/2001
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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:

The patient is a 44 year old female patient with a 7/9/2001 injury. She has notable chronic low back pain with an escalation of pain noted in the 2/14/14 note. The patient had low back pain with shooting pain down the right leg. The examination showed limited lumbar range of motion, diminished sensation to light touch right leg, and 4+/5 right leg strength. EMG/NCV study 10/31/12 reported bilateral L5-S1 lumbar radiculopathies. 2/21/14 note states that the patient has had a previous lumbar epidural steroid injection with 80% pain relief for a few months and functional improvement. 10/7/13 note also state that the patient had a previous epidural steroid injection with 60-70% pain relief for a few months. A 2/18/14 UR decision rendered an adverse determination for non-specific neurologic findings and lack of interval attempts at conservative management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFORAMINAL AND TRANSLAMINAR EPIDURAL STEROID INJECTION ON THE RIGHT AT L5-S1: Upheld**

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

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

**Decision rationale:** The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient has had previous epidural steroid injection with greater than 50% relief for a few months. The record notes that the pain relief was accompanied by functional improvement. The request for transforaminal and translaminar epidural steroid injection on the right at L5-S1 is not medically necessary and appropriate.