

<b>Case Number:</b>	CM14-0031505		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/16/2001
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 58-year-old male who reported an injury on 05/16/2001. The mechanism of injury was not provided in the medical records. His current diagnoses include multilevel spinal stenosis with neurogenic claudication, bilateral lower extremity radiculopathy, and lumbar postlaminectomy syndrome. His previous treatments included medications and physical therapy. Per the clinical note dated 02/12/2014, the injured worker had complaints of ongoing pain in his lower back that radiated down his bilateral lower extremities. The injured worker reported that his low back pain was a 7/10 and he was requesting trigger point injection since they provided him 50% relief and enabled him to sleep better at night. The injured worker reported he had a lumbar spinal stimulator that has continued to improve the paresthesias in his low back. On physical examination of the lumbar spine, the physician reported there was significant tenderness throughout the lumbar musculature, decreased range of motion, and increased muscle tone. The physician reported the straight leg raise test was positive on the left at approximately 45 degrees with radicular symptoms, and the right was negative. He also reported there was decreased sensation along the posterolateral thigh on the left. The physician reported that he had a previous epidural steroid injection on 12/06/2012, which provided about 50% pain relief for 4 to 5 months, allowing the patient to be more active and allowed him to decrease his pain medications. The physician's treatment plan included a recommendation for a therapeutic fluoroscopically guided transforaminal epidural steroid injection at the bilateral S1 for pain relief and functional improvement. The Request for Authorization was provided in the clinical notes; however, the date was illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal Epidural Steroid Injection at S1: 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): 46.

**Decision rationale:** The California MTUS Chronic Pain Guidelines state that epidural steroid injections are recommended 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 offers no significant long term functional benefits. The guidelines also indicate that injections should be performed using a fluoroscopic live x-ray for guidance. Repeat blocks should be based on continued objective documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical documentation provided indicated the injured worker had received prior epidural steroid injections and had reported 50% pain relief for 6 weeks to 8 weeks. The clinical documentation is unclear as to whether the injured worker had received previous injections within the last year, and the guidelines' specify that there should be no more than 4 blocks per region per year. The guidelines also specify that injections should be performed using a fluoroscopic live x-ray for guidance. Therefore, due to the clinical documentation being unclear as to when the last injection was received and the request failing to indicate if the injection would be performed using fluoroscopy for guidance, the criteria for the injection have not been met per the guidelines' recommendations. As such, the request for Bilateral Transforaminal Epidural Steroid Injection at S1 is not medically necessary and appropriate.