

<b>Case Number:</b>	CM14-0035896		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 44 year old female who sustained an injury to her low back on 08/19/10 due to cumulative trauma while performing her usual and customary duties including lifting, pushing, and pulling; she noted an onset of low back pain with radiation to the right lower extremity. There were no recent imaging studies provided for review; however, MRI of the lumbar spine dated 11/22/10 revealed a 3-4mm disc bulge at L5-S1; facet hypertrophy bilaterally mild at L4-5 and L5-S1, moderate on the left and mild on the right. Clinical note dated 08/05/14 reported that the injured worker had been made permanent and stationary. Physical examination of the lumbar spine noted spasms; negative straight leg raise; muscle strength 5/5 throughout; range of motion 60 degrees with flexion/extension. The injured worker was recommended for epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right transforaminal lumbar epidural steroid injection at S1 with mylogram, fluoroscopic guidance and conscious sedation as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%202,Summary%20of%20Recommendations,Low%20Back%20Disorders)

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

**Decision rationale:** The request for right transforaminal lumbar epidural steroid injection at S1 with myelogram, fluoroscopic guidance and conscious sedation as an outpatient is not medically necessary. Previous request was denied on the basis that the injured worker already had two epidural steroid injections. The injured worker had 50% improvement; however, specific timeframe for improvement is not noted. Additionally, there was no documentation of functional improvement in conjunction with pain reduction. There was no indication that the injured worker had decreased medication usage. The CAMTUS does not recommend more than two epidural steroid injections. Neurologically, the injured worker did not currently manifest with any specific focal abnormalities. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no recent imaging studies provided for review that would correlate with recent physical examination findings of an active radiculopathy at S1. The CAMTUS also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks. Given this, the request for right transforaminal lumbar epidural steroid injection at S1 with myelogram, fluoroscopic guidance and conscious sedation as an outpatient is not indicated as medically necessary.