

<b>Case Number:</b>	CM14-0038575		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 injured worker is a 35-year-old male who reported an injury on 08/04/2014. The mechanism of injury was not provided within the medical records. The clinical note dated 03/27/2014 indicated diagnoses of spinal stenosis, degenerative disc disease and bilateral radiculopathy. The injured worker reported significant back and bilateral leg pain that radiated down both lower extremities, worse with standing and walking. The injured worker reported he had 2 epidural injections without any prolonged relief. The injured worker reported he had undergone physical therapy as well as anti-inflammatories and the injured worker reported he continued Voltaren. On physical examination, there was weakness along the anterior tibular and extensor hallucis longus which was 4+. The injured worker had diminished right Achilles tendon reflex and a positive bilateral straight leg raise. The injured worker had pain with lumbar extension. The unofficial MRI revealed L5-S1 with collapse and significant lateral recess stenosis due to facet hypertrophy at L5-S1. The injured worker's prior treatments included diagnostic imaging, epidural steroid injections, physical therapy, and medication management. The provider submitted a request for right lumbar 5-sacral 1, right sacral 1 transforaminal epidural steroid injections under fluoroscopy bilaterally. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar 5-Sacral 1, Right Sacral 1 Transforaminal Epidural Steroid Injections under fluoroscopy times 2: Upheld**

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

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

**Decision rationale:** The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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 of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted indicated the injured worker had 2 prior epidural steroid injections that did not give any significant relief. The guidelines recommend no more than 2 steroid injections. In addition, there is lack of quantified pain relief and functional improvement with associated reduction of medication use in the documentation submitted. Furthermore, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the request would exceed the guideline recommendation on the amount of steroid injections. Therefore, the request for Right Lumbar 5-Sacral 1, Right Sacral 1 Transforaminal Epidural Steroid Injections under fluoroscopy times 2 is not medically necessary and appropriate.