

<b>Case Number:</b>	CM14-0046041		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/08/2009
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 37-year-old female who reported an injury on 11/08/2009. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc bulge at L5-S1 and L3-4, left lumbar radiculitis, chronic myofascial pain syndrome, depression, right sided sacroiliac joint dysfunction, and hypertension. The previous treatments included medication, and epidural steroid injections. Within the clinical note dated 02/28/2014 it was reported the injured worker complained of low back pain with radicular symptoms in the right leg with tingling, numbness, and paresthesia. She rated her pain 7/10 to 8/10 in severity. Upon the physical examination, the provider noted paravertebral muscle spasms and localized tenderness present in the lumbar spine. The range of motion of the lumbar spine was restricted. The provider noted a right sided positive sitting positive straight leg raise at 40 to 50 degrees, and a left sided post sitting straight leg raise at 50 to 60 degrees. The provider indicated the injured worker had diminished sensation to light touch across the medial border of the right leg, calf, and foot. The provider indicated the injured worker previously underwent an epidural steroid injection with 60% pain relief. The provider requested a right sided L5, S1 transforaminal and translaminar epidural steroid injection. However, a rationale was not provided for clinical review. The request for authorization was submitted and signed 03/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time right sided L5, S1 transforaminal and translaminar epidural steroid injection:**  
Upheld

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

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

**Decision rationale:** The request for one time right sided L5, S1 transforaminal and translaminar epidural steroid injection is not medically necessary. The injured worker complained of low back pain with radicular symptoms in the leg with tingling, numbness, and paresthesia. She rated her pain 7/10 to 8/10 in severity. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. 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 6 to 8 weeks, with general recommendation of no more than 4 blocks per region per year. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. There is lack of significant neurological deficit in a specific dermatomal distribution. Therefore, the request is not medically necessary.