

<b>Case Number:</b>	CM14-0075964		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 32-year-old female who reported an injury on 09/16/2010. The mechanism of injury was not provided. On 04/08/2014, the injured worker presented with back pain with radiation of pain and numbness with tingling down the bilateral feet, right side greater than the left. Upon examination, the range of motion of the lumbar spine was decreased in all planes and there was decreased sensation to the L5 and S1 dermatomes on the right. There was +4/5 strength bilaterally over the tibialis anterior and EHL (Extensor Hallucis Longus), and 5-/5 bilaterally for inversion and eversion. The diagnoses were retrolisthesis L4-5 with degenerative disc disease and annular fissuring with narrowing of the left lateral recess and L4-5 with slight contact of bilateral S1 nerve roots at L5-S1. The diagnoses were HNP (Herniated Nucleus Pulposus) of the lumbar spine with stenosis, facet arthropathy of the lumbar spine, lumbar radiculopathy, and ongoing psychiatric and psychological issues. Prior treatments included epidural steroid injections and a home exercise program with medications. The provider recommended an outpatient repeat transforaminal epidural steroid injection bilaterally L5 and S1 because the injured worker had significant benefit following the first 2 epidural steroid injections. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Repeat Transforaminal Epidural Steroid Injection (ESI) Bilaterally at L5 & S1 #3: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommended epidural steroid injections as an option for the treatment of radicular pain. A steroid injection can offer short-term benefit and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for the use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and repeat blocks should have a greater or equal to 50% pain relief associated with a decrease in medication documented. The provider stated that the injured worker had an adequate response to the first 2 transforaminal epidural steroid injections; however, there is a lack of documentation in regards to the amount of pain relief, and if there was a reduction in medication due to the success of the previous blocks. Additionally, the provider does not indicate fluoroscopy for guidance in the request as submitted. As such, the request of Outpatient Repeat Transforaminal Epidural Steroid Injection Bilaterally at L5 & S1 #3 is not medically necessary and appropriate.