

<b>Case Number:</b>	CM14-0086344		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/16/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 5/16/10. A utilization review determination dated 5/13/14 recommends non-certification of ESI. 4/23/14 medical report identifies low back pain and bilateral radiculopathy. They are awaiting chiropractic treatment authorization and also would like bilateral lumbar transforaminal ESI at L5-S1. On exam, there is tenderness, decreased ROM, positive SLR bilaterally, decreased sensation lateral left more than right at the L5-S1 dermatomal distribution, and unspecified lower extremity weakness 3-4/5. The provider notes radiculopathy confirmed on EMG and CT scan showing L5-S1 spondylolisthesis and degenerative changes. However, no current imaging or EDS reports are submitted for review. 7/8/14 medical report notes that the most recent imaging and EMG findings are from 2011. It also noted that ESIs were recommended in 2011, 2012, and 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal ESI at L5-S1 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** Regarding the request for bilateral transforaminal ESI at L5-S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is description of decreased sensation at two dermatomes bilaterally, but the noted weakness is not described with regard to the affected myotome(s). Furthermore, there is no corroboration with current imaging and/or electrodiagnostic studies, as these were apparently last performed in 2011 and the formal reports are not available for review. Finally, ESIs have been recommended multiple times since 2011, but there is no indication whether or not these have been performed and, if so, the patient's response has not been noted. In light of the above issues, the currently requested bilateral transforaminal ESI at L5-S1 is not medically necessary.