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| <b>Case Number:</b>   | CM14-0090657 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 07/06/2001 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 06/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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 Anesthesiology 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:

According to the records made available for review, this is a 37-year-old female with a 7/6/01 date of injury. At the time (6/10/14) of request for authorization for right L5 transforaminal epidural steroid injection, there is documentation of subjective (increasing tingling in both legs, pain rated 4-9/10) and objective (lumbar spine tenderness, 1+ muscle spasms, flexion limited to 45 degrees, extension to 15 degrees, lumbar spine flexors muscle strength 4/5 and extensors 4/5) findings, current diagnoses (lumbosacral neuritis, degeneration of lumbar intervertebral disc, and spondylosis without myelopathy), and treatment to date (medications, activity modification, physical therapy, and epidural steroid injection). 6/3/14 medical report identifies that LESI in the past provided 40% reduction in the back pain, and 30% reduction in the leg pain, and 50% reduction of the lower extremity tingling for over a year. There is no documentation of decreased need for pain medications, and functional response with previous epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5 Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, degeneration of lumbar intervertebral disc, and spondylosis without myelopathy. In addition, there is documentation of a previous epidural steroid injection that provided 40% reduction in the back pain, and 30% reduction in the leg pain, and 50% reduction of the lower extremity tingling for over a year. However, there is no documentation of decreased need for pain medications, and functional response with previous epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for right L5 transforaminal epidural steroid injection is not medically necessary.