

<b>Case Number:</b>	CM13-0049212		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 51 year old male, who sustained an industrial injury on March 2, 2010. The diagnoses have included postlaminectomy syndrome of lumbar region, cervicgia, adhesive capsulitis of the shoulder, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbar neuritis or radiculitis, and acquired spondylolisthesis. Treatment to date has included lumbar spine surgery in 2011, right shoulder arthroscopy on May 28, 2013, physical therapy, home exercise program, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of back pain, bilateral leg pain, and bilateral front knee pain down to feet. The Treating Physician's report dated October 24, 2013, noted the injured worker continued to report relief from the epidural steroid injection (ESI), and work status was temporarily disabled. On October 29, 2013, Utilization Review non-certified one bilateral S1 transforaminal epidural steroid injection (TFESI) between 9/19/13 and 12/12/13, noting there was no strong objective evidence supporting the need for an additional injection at that time. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On November 7, 2013, the injured worker submitted an application for IMR for review of one bilateral S1 transforaminal epidural steroid injection (TFESI) between 9/19/13 and 12/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 BILATERAL S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION (TFESI)  
BETWEEN 9/19/13 AND 12/12/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

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

**Decision rationale:** The request in dispute pertains to bilateral S1 transforaminal epidural steroid injections. There is grade 1 spondylolisthesis at L5-S1 status post fusion from L4-S1. Office notes dated 9/19/2013 are submitted for this retro request. The injured worker reported numbness in the legs since he stopped taking Lyrica. However, pain relief with medication or treatment the week before this visit was 80%. Examination revealed negative straight leg raising bilaterally. There was 5/5 strength in the right leg extension with resistance and 4/5 strength in the left leg extension with resistance. Sensation was equal bilaterally to light touch. There was subjective complaint of recurrent pain and increased numbness in both lower extremities with slight left lower extremity weakness. Patellar reflexes were 2+ bilaterally. The California MTUS chronic pain criteria for epidural steroid injections indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Repeat blocks should be based on continued objective pain and functional improvement with at least 50% relief and associated reduction of medication use for 6-8 weeks with a general recommendation of no more than 4 blocks were region per year. The documentation provided does not indicate objective evidence of radiculopathy to support the request for transforaminal epidural steroid injections. Furthermore, with the reported 80% relief with medications, the medical necessity of the transforaminal epidural steroid injections is not established.