

<b>Case Number:</b>	CM14-0193274		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Practice and is licensed to practice in North Carolina. 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 patient is a 46-year-old with a reported date of injury of 04/13/2013. The patient has the diagnoses of sacroiliitis, pelvic joint pain and lumbar degenerative joint disease. Previous treatment modalities have included lumbar facet injections, extracorporeal shockwave therapy and left sacroiliac joint injections. Per the progress notes provided for review from the requesting/treating physician dated 10/31/2014, the patient had complaints of constant, stabbing low back pain. The patient reported 30% pain improvement and functional improvement lasting approximately 2 hours post left SI joint injection. The physical exam noted tenderness at the L#/L4 vertebrae, L4/5 facets and left SI joint. There was a positive straight leg raise test on the left and decreased lumbar range of motion. Treatment plan recommendations included request for epidural steroid injection, consider second surgical opinion and clarification of previous request for radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal ESI at L3-L4 and L4-L5 on the left:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. This patient does have a diagnosis of lumbar degenerative disc disease. The patient has a documented trail of acupuncture and physical therapy. However the only objective findings on the physical exam is a positive straight leg raise test with no other supportive objective signs of radiculopathy on the physical exam. For these reasons the criteria set forth above have not been met. Therefore the request is not medically necessary.