

<b>Case Number:</b>	CM14-0194442		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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:

This 49 year old male sustained injury, to his back and left lower extremity on 3/29/12, while working as a janitor. The mechanism of injury is not clear. He complained of low back, left hip, knee and ankle pain. He lives in his car. His treatments include back injection (1/14) which gave him significant relief. His pain level was reduced from 7/10 to 5/10. He takes no pain medication. He is able to sit for over an hour and sleeps with only very rare pain. He does use a topical cream. He had a sleep study which was abnormal but unable to use C-PAP because of current living situation. On examination (5/20/14) the lumbar spine range of motion is limited and there is spasm on palpation. An MRI (7/9/13) was abnormal with spondylotic related facet arthropathy, multiple level disc disease, neural foraminal narrowing; the left knee has surgical scars with decreased range of motion and abnormal MRI (6/27/13) with an inferior surface oblique tear of the posterior horn of the medial meniscus and a focal fissure in the midline trochlear groove. The injured worker can return to his usual occupation with work restrictions but has not been released to return to work. The diagnoses include thoracic spine strain, lumbar disc bulge, left hip strain, left ankle internal derangement and previous major depressive disorder. He has no difficulty with performing activities of daily living. He is anxious to return to work. As of 10/24/14 the injured worker's condition is unchanged and he remains off work. On 11/7/14 Utilization Review non-certified the request for transforaminal steroid injection (ESI) based on no clear indication to pursue 2 level epidural steroid injection (ESI) left side for symptoms and no indication for sedation. MTUS were referenced. The report noted that ESI was done on 1/13/14 with "50% relief for 8 weeks."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal steroid injection L4-L5, L5-S1, monitored anesthesia, epidurography:**  
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 injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for epidural steroid injection (ESI), 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, it appears that 50% pain relief with for 8 weeks was noted after prior injection, but there is no indication that this was accompanied by functional improvement and decreased medication use and current specific radicular symptoms and findings are not clearly delineated. In the absence of clarity regarding these issues, the currently requested ESI is not medically necessary.