

<b>Case Number:</b>	CM14-0075709		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported an injury on 06/17/1997. The mechanism of injury was not provided. She is diagnosed with low back pain and lumbar radiculopathy. Her past treatments included radiofrequency ablation at L3-4, chiropractic treatment, home exercise, heat applications, medications, and massage. On 03/28/2014, her symptoms were noted to include low back pain and left lower extremity radicular symptoms in an S1 distribution. Objective findings were not included within the office note. There was no documentation of objective neurological deficits in the bilateral lower extremities consistent with S1 radiculopathy. The injured worker was given a transforaminal epidural steroid injection at S1 at the time of the visit. The Request for Authorization dated 04/07/2014 indicated that a series of 3 left S1 transforaminal epidural steroid injections was recommended for lumbar radiculopathy with a start date of 03/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection: Series of 3, Left S1 TFESI (transforaminal epidural steroid injection): 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:** According to the California MTUS Guidelines, epidural steroid injections may be recommended to facilitate progression in an active treatment program when radiculopathy is documented by physical examination and corroborated by imaging studies. Additionally, the documentation needs to show that the injured worker has failed an adequate course of conservative treatment to include physical therapy, exercise, NSAIDs, and muscle relaxants. The clinical information submitted for review indicated that the patient had failed exercise and unspecified medications. However, there was no clear documentation of an adequate course of physical therapy for the lumbar spine or the trial and failure of NSAIDs or muscle relaxants. Additionally, the documentation did not show that she would participating in an active therapeutic exercise or physical therapy program following the recommended injections. Moreover, despite documentation of radiating symptoms in an S1 distribution, there was no documentation of radiculopathy on physical examination as there were no objective neurological deficits documented. Additionally, there was no evidence of imaging or electrodiagnostic evidence to support radiculopathy and correlate with physical examination findings. For these reasons, the requested epidural steroid injection is not supported. In addition, the guidelines specifically state a series of 3 injections is not supported by current research and repeat blocks should be based on response from the previous epidural steroid injection. Therefore, the request for a series of 3 epidural steroid injections is also not appropriate. For the reasons noted above, the request is not medically necessary.