

<b>Case Number:</b>	CM14-0089524		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 female who had a work injury dated 4/11/10. The diagnoses include myofascial pain syndrome, cervical and lumbar sprain, cervical and lumbar radiculopathy. A lumbar spine x-ray dated 5/5/10 revealed degenerative changes most prominent at L4-5 with no evidence of superimposed abnormality. There is a 6/2/14 handwritten partially legible progress note that states that the patient's lumbar epidural steroid injection is not authorized. She continues to have pain in the back, numbness of both legs. She notes some weakness of the legs; is not working for patient. On exam there is a positive straight leg raise, decreased sensation to bilateral feet. There is decreased neck and back range of motion by 10% in all planes. There are no skin lesions. There is decreased strength; decreased bilateral ankle plantar reflexes. There are no skin lesions and a bilateral Spurling. The plan includes try Voltaren and Methoderm; Omeprazole; Voltraen XR; Epidural steroid injections. There is a request for Right L4, left L5, right S1 injection. There was an appeal for a second set of transforaminal epidural steroid injections right L5, and left S1 under fluoroscopy and IV sedation which was non-certified on 3/1/13 peer review. Per documentation a prior review states that there is no evidence of patient's medication use or VAS score prior to the injection and subsequent to the injection. It was appreciated that the patient had functional improvement. There was no evidence of a reduction in medication use or VAS scores after the 11/20/12 injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI right lumbar at L4, L5, S1: 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 injection Page(s): 46.

**Decision rationale:** ESI right lumbar at L4, L5, S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS state that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Furthermore, 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. The documentation indicates that the patient has had prior epidural at right L5, left S1 without evidence of medication reduction for 6-8 weeks. The documentation does not include objective imaging or electrodiagnostic testing that corroborate with a right L4, L5, and S1 radiculopathy. The guidelines do not recommend more than 2 transforaminal level blocks or more than 1 interlaminar level and the request is for 3 levels. The request for an ESI at right lumbar L4, L5, S1 is not medically necessary.