

<b>Case Number:</b>	CM15-0003306		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/07/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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

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 71 year old female who sustained a work related injury January 7, 2008. Past medical history includes hypertension. Past surgical history includes carpal tunnel release, appendectomy, cholecystectomy, and hysterectomy. According to a pain physician's report dated December 17, 2014, the injured worker has had chronic low back pain and bilateral lower limb pain that began after her chair rolled at work and landed onto her buttocks and legs. She has been treated with medications and periodic epidural steroid injections. A lumbar MRI (magnetic resonance imaging) dated May 11, 2011(not present in medical record) revealed degenerative disc disease bilateral L4-5 and L5-S1 facet degenerative disease. Diagnoses chronic low back pain; multilevel degenerative disc disease pronounced L5-S1 and bilateral S1 radiculopathy. Treatment plan included discussion on limiting the use of present medications, ibuprofen and Skelaxin and a request for bilateral transforaminal epidural steroid injections. Work status is documented as permanent and stationary, retired. According to utilization review dated December 31, 2014, the request for Transforaminal Lumbar Epidural Steroid Injection to the bilateral S1 level is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection to bilateral S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient, a 71-year-old female with an injury date of 01/07/08, presents with low back and lower limb pain rated 0/10 with and 1-2/10 without medication. The request is for transforaminal epidural steroid injection to bilateral S1. The RFA is not included. Physical examination revealed loss of range of motion in the lumbar spine and straight leg raising seated produced complaints of paresthesias and burning pain in the posterior thigh and calf. Patient's diagnosis on 07/14/14 included acquired spondylolisthesis, lumbago, sciatica, and displacement of lumbar intervertebral disc without Myel. Per medical report dated 12/17/14, the lumbar MRI showed multilevel degenerative changes. Concurrent medications include Lyrica, Norco, Ibuprofen, Skelaxin, and Lidoderm. Patient has reportedly reached a maximum medical improvement state. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections --- ESIs ---', state "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." "In this case, the patient suffers from chronic low back pain with radicular symptoms. Per progress report dated 08/20/14, the patient stated that she has had her left ESIs and noted that they took longer to kick in... but now appear to be helping a lot. Per medical report dated 12/17/14, the patient pain is alleviated with low dose medication, Ibuprofen and skelaxin, and periodic ESIs (1-2 annually) which provides up to 4-6 months relief. However, the treater does not quantify symptom reduction and no functional improvement along with medication reduction are documented as required by MTUS. Furthermore, MRI showed only degenerated disc condition without disc herniation or stenosis with potential nerve root issues. No EMG evidence of radiculopathy is provided either. The request IS NOT medically necessary.