

<b>Case Number:</b>	CM15-0006933		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, 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 40-year-old male who reported an injury on 06/29/2012. His diagnoses include chronic lumbar sprain/strain, status post left knee arthroscopy, right knee sprain, and status post right knee arthroscopy on 01/30/2014. His past treatments include epidural steroid injection, surgery, acupuncture and medication. On 11/20/2014, the injured worker complained of bilateral knee pain and low back pain. The injured worker also indicated the previous lumbar epidural steroid injection gave him 80% relief for 3 and a half months. Diagnostic studies included a lumbar MRI performed on 02/28/2014, which revealed a central focal disc protrusion superimposed on the diffuse disc bulge indenting the thecal sac with narrowing of the left neural foramen that effaces the left exiting nerve root at the L5-S1. The physical examination revealed tenderness over the L4-5 and L5-S1 facet areas bilaterally. The injured worker had a positive straight leg raise bilaterally with decreased sensation over the S1 dermatomes bilaterally. The treatment plan included a bilateral L5-S1 transforaminal epidural steroid injection. A rationale was not provided. The injured worker's relevant medications include Norco 10/325 mg and trazodone 50 mg. A request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 Transforaminal ESI under Flourosopic Guidance:** Upheld

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

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

**Decision rationale:** The request for Bilateral L5-S1 Transforaminal ESI under Fluoroscopic Guidance is not medically necessary. According to the California MTUS Guidelines, repeat blocks are based upon continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction in medication for at least 6 to 8 weeks. The injured worker indicated he had 80% pain relief for at least 3 and a half months. However, there was lack of documentation in regards to objective functional improvement and a reduction of medication use. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.