

<b>Case Number:</b>	CM15-0167868		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/19/2003
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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:

This injured worker is a 42 year old female with a date of injury of 2-19-2003. Diagnoses include low back pain, lumbar degenerative disc disease, lumbar radiculitis, sacroiliac joint pain, neck pain, cervical degenerative disc disease, myofascial pain, chronic pain syndrome and migraines. Treatment to date has included diagnostics, radiofrequency ablation (RFA), cervical and lumbar epidural steroid injections and medications. Per the Primary Treating Physician's Progress Report (PR-2) dated 8-07-2015, the injured worker returned for reevaluation of neck and low back pain and headaches. She had a cervical RFA done on Monday to help with the headaches. She still has a headache but understands that it will take a few weeks to kick in. She received a cervical ESI on 5-26-2015 and noticed over 50% pain relief. She had a lumbar ESI on 12-09-2014 and continues to notice 70% pain relief. Medications are helpful and she tolerated them well. She described aching pain in her low back with numbness in her legs. She rates the pain as 7 out of 10 without medications and 5 out of 1 with medications. Objective findings of the lumbar spine included tenderness over the paraspinals and increased pain with flexion and extension. Straight leg raise was positive. The plan of care included, and authorization was requested for transforaminal S1 epidural steroid injection (ESI) with conscious sedation under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal ESI (Epidural Steroid Injection) at the bilateral S1 with fluoroscopic guidance and conscious sedation: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefits however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. The recent physical examination on 08/07/2015 did not document active radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Transforaminal ESI (Epidural Steroid Injection) at the bilateral S1 with fluoroscopic guidance and conscious sedation is not medically necessary.