

<b>Case Number:</b>	CM15-0046056		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 57 year old female, who sustained an industrial injury on 5/02/2013. She was diagnosed as having lumbar degenerative disc disease, lumbar facet syndrome and lumbar spine radiculopathy. Treatment to date has included epidural steroid injection (ESI), diagnostic studies including magnetic resonance imaging (MRI) and EMG (electromyography)/NCS (nerve conduction studies), physical therapy, chiropractic, rest and home exercises. Per the Interventional Pain Management Follow-up Evaluation Report dated 1/23/2015, the injured worker reported unchanged low back pain. Pain is rated as 8/10. Physical examination revealed a wide based gait. Heel to toe walk was performed with difficulty secondary to low back pain. There was diffuse tenderness over the paravertebral musculature. There was positive bilateral sacroiliac tenderness, with a positive Faber's test, sacroiliac thrust test and Yeoman's test. Seated and supine straight leg raise test were positive. There was decreased lumbar spine range of motion. The plan of care included ESI and medications. Authorization was requested for bilateral L5-S1 transforaminal epidural steroid injection (ESI) x 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 and bilateral S1 Transforaminal Epidural Steroid Injection x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI): criteria for the use of Epidural Steroid Injection Page(s): 45-46.

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

**Decision rationale:** The patient presents with unchanged low back pain rated 8/10. The request is for BILATERAL L5-S1 AND BILATERAL S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION X2. The RFA provided is dated 01/25/15. Patient's diagnosis included lumbar degenerative disc disease, lumbar facet syndrome and lumbar spine radiculopathy. Treatments to date have included an epidural steroid injection (ESI). Patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. The progress reports provided are handwritten, illegible, and hard to interpret. The patient presents with radicular symptoms confirmed via an MRI study. A prior epidural steroid injection is noted; however, there is no discussion in relation to efficacy, functional improvements, and pain reduction. 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. In this case, given the lack of required documentations of efficacy, the request for a repeat ESI is not in accordance with the guidelines. The request IS NOT medically necessary.