

<b>Case Number:</b>	CM15-0050832		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53-year-old female injured worker suffered an industrial injury on 05/14/2013. The diagnoses were lumbar degenerative disease, sacroiliitis, greater trochanter bursitis, lumbar myofascial pain and lumbar radiculopathy. The injured worker had been treated with physical therapy, bilateral sacroiliac joint injections, trigger point injections, medications and epidural steroid injections. On 2/12/2015, the treating provider reported severe low back shocking pain 8 to 9/10 going down both legs. She characterized the pain as burning and debilitating. The treatment plan included Bilateral L5-S1 transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 transforaminal epidural steroid injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection bilateral L5 - S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar degenerative disease; sacroiliitis; greater trochanteric bursitis; lumbar myofascial pain; and lumbar radiculopathy. The documentation, pursuant to a February 12, 2015 progress note, states the injured worker has prior epidural steroid injection bilaterally at L4 - L5 that did not provide substantial relief that was long lasting. The guidelines indicate 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 6 to 8 weeks. The documentation states the injured worker did not provide substantial relief that was long lasting. There was no documentation of at least 50% pain relief and that was no associated reduction in medication use for 6 to 8 weeks in the record. Consequently, absent clinical documentation pursuant to the guideline recommendations, epidural steroid injection bilateral L5 - S1 is not medically necessary.