MAXIMUS Federal Services

| Case Number: | CM14-0123836 | | |
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| Date Assigned: | 08/13/2014 | Date of Injury: | 07/15/2007 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 46-year-old female, who reported an injury on 07/15/2007. The mechanism of injury was not provided. The injured worker's diagnoses included chronic pain syndrome, post laminectomy syndrome of the lumbar region, degeneration of lumbar or lumbosacral intervertebral discs, adjustment disorder with mixed anxiety and depressed mood, dysthymic disorder, lumbosacral spondylosis without myelopathy, and lumbago. The injured worker's past treatments included medications, ESI, and surgery. The injured worker's diagnostic testing included unofficial x-rays of the lumbar spine, performed on 12/14/2011, which showed fusion of L4-5 and L5-S1; unofficial MRI of the lumbar spine, performed on 02/06 and 02/22 of unknown year, which shows facet arthropathy at L3-4; and, unofficial MRI of the lumbar spine, performed on 09/09/2013, which shows stable fusion of L4-5 and L5-S1 and facet joint arthropathy at L3-4 level. The injured worker's surgical history included back surgery in 2010 and 2011; on 04/28/2014, the injured worker underwent transforaminal lumbar epidural steroid injection to left L5-S1, which relieved pain that radiated into the legs by 50%. On the clinical note dated 07/08/2014, the injured worker complained of bilateral lower back pain rated 7/10 currently. The injured worker stated the ESI given to her in April gave her pain relief for at least 2 months. The injured worker rated her pain at worst 8/10, at least 4/10, with an average of 6/10 to 7/10. The injured worker had bilateral thoracic spine tenderness over the spinous processes, facet loading test was positive bilaterally, and restricted/ painful spine extension. The injured worker's medications included gabapentin 300 mg 2 capsules 3 times a day, Norco 10/325 mg 2 tablets 4 times a day, Trazodone HCL 150 mg at bedtime, Tizanidine 4 mg 1 to 2 tablets 3 times a day, and Ambien 10 mg at bedtime. The request was for left L5-S1 lumbar epidural steroid injection with fluoroscopic guidance. The rationale for the request was not provided. The Request for Authorization was submitted on 03/06/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 lumbar epidural steroid injection, with fluoroscopy guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Left L5-S1 lumbar epidural steroid injection, with fluoroscopy guidance is not medically necessary. The injured worker is diagnosed with chronic pain syndrome, post laminectomy syndrome of the lumbar region, degeneration of lumbar or lumbosacral intervertebral discs, adjustment disorder with mixed anxiety and depressed mood, dysthymic disorder, lumbosacral spondylosis without myelopathy, and lumbago. The injured worker complains of back pain rated 6/10 to 7/10 on average. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initial unresponsiveness to conservative treatment must be documented. Injections should be performed using fluoroscopy for guidance. A second block is not recommended if there is inadequate response to the first block. No more than 2 nerve root levels should be injected using transforaminal blocks, and fused levels should not be injected. 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, with a general recommendation of no more than 4 blocks per region per year. Although the medical records indicate that the injured worker had an ESI at L5-S1 on 04/28/2014 that reduced pain by 50% for 2 months as well as improved functionality and decreased medication usage, the medical records indicated that the injured worker has a fusion at level L5-S1, which the guidelines do not recommend injecting fused levels. As such, the request for Left L5-S1 lumbar epidural steroid injection, with fluoroscopy guidance is not medically necessary.