

Case Number:	CM14-0140189		
Date Assigned:	09/08/2014	Date of Injury:	09/16/2012
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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, 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 42-year-old female who reported an injury on 09/16/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 07/15/2014 indicated diagnoses of lumbago, pain lumbar spine; radiculitis, lumbar; and sciatica. The injured worker reported her pain was doing worse. The injured worker reported she had right more than left back pain with radiation to the right posterior lateral leg. The injured worker reported the pain was coming back and she had weakness with prolonged standing and walking. The injured worker described her pain as stabbing, burning, numbing, and tingling, rated 8/10. Worsening factors included walking and standing and alleviating factors included medication and therapy. The injured worker reported the pain medication improved the pain 50% with no side effects. Without pain medication, the injured worker reported she would not be able to do regular duties at home and work. On physical examination of the lumbar spine, passive range of motion was restricted due to pain. Active range of motion had no restrictions. The injured worker's patellar reflex was 2/4 bilaterally and Achilles reflex was 1/4 bilaterally. The injured worker's Babinski's sign was down going. The injured worker had decreased light touch to the right lateral posterior thigh and calf. The injured worker had a prior right S1 transepidural steroid injection dated 10/28/2013 with 80% relief but pain slowly returned. She also had 1 on 03/03/2014, a right transepidural steroid injection with 60% relief but paresthesia not improved. The injured worker's treatment plan included continue working full time with no restrictions, continue pain medications, continue home exercise program, and return to clinic in 2 to 3 weeks after procedure. The injured worker's prior treatments included diagnostic imaging, epidural steroid injections, and medication management. The injured worker's medication regimen included Flexeril and Norco. The provider submitted a request for 1 right S1 transepidural

steroid injection. A Request for Authorization dated 07/15/2014 was submitted for epidural steroid injection; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 Trans Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for the use of epidural steroid injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

Decision rationale: The request for 1 Right S1 Trans Epidural Steroid Injection is medically necessary. The CA 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. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. 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. Due to lack of documentation, the request was previously denied. However, due to subsequent documentation that has been provided, it was indicated the injured worker had a right S1 transepidural steroid injection on 10/28/2013 with 80% relief and a right 21 trans epidural steroid injection on 03/03/2014 with 60% relief with 6 to 8 weeks of pain relief and objective functional improvement. It was indicated the injured worker returned to work for several months. The injured worker has met the criteria for a right S1 transepidural steroid injection. Therefore, the request for right S1 transepidural steroid injection is medically necessary.