

<b>Case Number:</b>	CM14-0211687		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old male with a 1/24/13 date of injury. At the time (12/5/14) of the request for authorization for repeat fluoroscopy-guided right L4-5 and L5-S1 ESI, there is documentation of subjective (bilateral low back pain radiating to right buttock, right post thigh and post calf with numbness of foot) and objective (tenderness upon palpation of the lumbar paraspinal muscles with positive lumbar spasms, lumbar ranges of motion were restricted by pain in all directions, right tibialis anterior, right extensor hallucis longus, right peroneals, right posterior tibial, right gastrosoleus strengths are 4+/5) findings, current diagnoses (right L5-S1 radiculopathy with right L5 weakness, L5-S1 disc protrusion, L4-5 disc protrusion, moderate L4-5 central stenosis, and lumbar facet joint arthropathy), and treatment to date (right L4-5 and L5-S1 transforaminal epidural steroid injection which provided 60% relief for 7 months). There is no documentation of decreased need for pain medications and functional response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat fluroscopy-guided right L4-5 and L5-S1 ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of right L5-S1 radiculopathy with right L5 weakness, L5-S1 disc protrusion, L4-5 disc protrusion, moderate L4-5 central stenosis, and lumbar facet joint arthropathy. In addition, given documentation of right L4-5 and L5-S1 transforaminal epidural steroid injection which provided 60% relief for 7 months, there is documentation of at least 50-70% pain relief for six to eight weeks. However, there is no documentation of decreased need for pain medications and functional response. Therefore, based on guidelines and a review of the evidence, the request for repeat fluoroscopy-guided right L4-5 and L5-S1 ESI is not medically necessary.