

<b>Case Number:</b>	CM15-0118021		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	12/29/2005
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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

Certification(s)/Specialty: Emergency 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 injured worker is a 34 year old male, who sustained an industrial injury on 12/29/05. The injured worker has complaints of low back and his psych claim. The documentation noted that the injured worker has numbness and paresthesias down the posterior right thigh and posterior right calf with straight leg raising on the right side in a seated position. The injured worker complains of some leg pain on the left side, but it is not as intense on the right. The diagnoses have included lumbar disc displacement. Treatment to date has included duragesic patches; norco; tegaderm patches; status post lumbar fusion at L5-S1 (sacroiliac) on 9/1/09; magnetic resonance imaging (MRI) of the lumbar spine on 8/11/11 shows status post L5-S1 (sacroiliac) spinal fusion, otherwise negative; status post spinal cord stimulator trial on 1/4/13 with poor response; electromyography/nerve conduction velocity study on 2/6/12. The request was for one S1 (sacroiliac) epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One S1 epidural steroid injection:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for ESI except for pain management. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Fails criteria. The request is also incomplete with no appropriate level provided in the request. Patient fails multiple criteria for epidural steroid injection and the request is incomplete. Epidural steroid injection is not medically necessary.