

<b>Case Number:</b>	CM15-0070957		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 4/11/00. She reported back injury. The injured worker was diagnosed as having numbness, chronic pain syndrome, muscle pain, lumbar degenerative disc disease, lumbar radiculopathy, low back pain and neuropathic pain. Treatment to date has included lumbar epidural steroidal injection, oral medications including opioids and home exercise program. Currently, the injured worker complains of low back pain and bilateral leg pain with intermittent tingling in legs. The injured worker states the medications and lumbar epidural steroidal injection help to decrease pain and improve function. Physical exam noted minimal tenderness over the lumbar paraspinals. The treatment plan included refill of Norco and authorization for Epidural Steroidal Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right S1 Transforaminal Epidural Steroid Injection, QTY 1: Upheld**

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

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

**Decision rationale:** ESIs are recommended by the CA MTUS as an option for treatment of radicular pain. Repeat blocks are based on continued objective documentation of decreased pain and functional improvement, including at least 50% pain relief and associated decreased use of medications for a 6-8 week period. ESI are generally recommended for no more than 4 blocks/year. In this case, the patient is on Norco and there is no documentation of associated reduction in medication, therefore this request is deemed not medically necessary or appropriate.

**Left S1 Transforaminal Epidural Steroid Injection, QTY 1: Upheld**

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

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

**Decision rationale:** The CA MTUS recommends ESI as an option for treating radicular pain. Repeat blocks are based on continuing objective documentation of decreased pain and functional improvement and associated decrease use of medication for 6-8 weeks. In this case, the patient is on Norco and there is no documentation of associated medication reduction, therefore criteria are not met for ESI and the request is deemed not medically necessary or appropriate.

**Fluoroscopic Guidance, QTY 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Conscious Sedation, QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.