

<b>Case Number:</b>	CM15-0092093		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/06/1994
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67-year-old female, who sustained an industrial injury on 07/06/1994. She has reported injury to the neck and low back. The diagnoses have included cervicgia; cervical facet syndrome; chronic pain syndrome; myalgia and myositis, unspecified; degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified; and low back pain. Treatment to date has included medications, diagnostics, heat/ice, lumbar epidural steroid injection, cervical trigger point injections, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise program. Medications have included Nucynta ER, Norco, Anaprox, Lidoderm patch, Neurontin, and Omeprazole. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and low back pain; occasional pain radiating to her right leg; pain is rated at 9/10 on the visual analog scale without medications, and pain is rated at 6/10 with medications; medications are helpful to reduce pain and improve function; TENS unit is helpful; and she has had over 50% pain relief for over six months with her previous lumbar epidural steroid injection. Objective findings included slightly antalgic gait; point tenderness to palpation and muscle spasm noted at bilateral C4-5 and C5-6 paraspinals of cervical and periscapular region; limited active range of motion of the cervical spine due to pain; sensation is intact, but diminished on the right leg; sacroiliac joints are tender bilaterally; tenderness to palpation and spasm noted over the lumbar paraspinals, right greater than left; straight leg raise is positive bilaterally, right greater than left ;and lumbar range of motion is limited due to pain. The treatment plan has included the request for one bilateral S1

TFESI (transforaminal epidural steroid injection) with fluoroscopic guidance and conscious sedation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Bilateral S1 TFESI with fluoroscopic guidance and conscious sedation: 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): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for 1 Bilateral S1 TFESI with fluoroscopic guidance and conscious sedation is not medically necessary.