

<b>Case Number:</b>	CM13-0025650		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/14/1988
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 62 year old with a back straining injury 25 years ago in 1988. She has not worked since 1998. MRI degenerative changes without nerve root compression. She had 3 ESI without benefit. She was being maintained chronically with relaxant and opiates PQME 12/4/2012 noted that she was not a surgical candidate, that future medical should be limited to acetaminophen or NSAID with a proton pump inhibitor. Visits should be up to 4 times a year for medication. Her past medical history is significant for diabetes. EMG 2008 was normal. She is continued on opiates despite PQME recommendations for non opiate. Current report states left lower extremity symptoms. March 19, 2013, ██████████ noted his opinion that she was suffering from left lumbar radiculitis and recommended electrodiagnostic studies. On April 1, 2013, ██████████ noted that her MRI of November 21, 2012, revealed lumbar disc bulging with protrusion at L3-4, L4-5, and L5-S 1 with thecal effacement. On April 16, 2013, ██████████ was prescribing Ultram and Flexeril. He was requesting electrodiagnostic studies. On May 7, 2013, ██████████ noted denial for electrodiagnostic studies to rule out lumbar radiculopathy. On May 14, 2013, ██████████ noted he had discontinued Cymbalta and started her on Lyrica. On June 11, 2013, ██████████ noted he discontinued Lyrica, Ultram, Flexeril, and Neurontin. He prescribed Tylenol with codeine and Xanax. On July 16, 2013, ██████████ noted diminished sensation to light touch along the medial and lateral border of the left leg, calf and foot, ;right sided sitting straight leg raise 50° and left-sided sitting straight leg raise 40-50°, and plantar flexor strength was 4+ I 5 on the left. ██████████ - diagnosed her with multilevel disc bulges and protrusions in the multilevel disc bulges and protrusion in the lumbar spine, multilevel bilateral neuroforaminal narrowing of the lumbar spine, left lumbar radiculitis and sciatica, lumbar facet syndrome, and chronic myofasc

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left L5-S1 transforaminal epidural steroid injection (QTY 1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS page 46 of 127, stipulates that "the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Therefore the request for Left L5-S1 transforaminal epidural steroid injection (Qty 1) is not medically necessary based on the medical report reviewed, and the negative findings in both MRI and electro diagnostic studies.

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