

<b>Case Number:</b>	CM13-0027057		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 patient is a 44 year old male who sustained an industrial injury to the low back on 6/30/2012, from heavy lifting. A prior peer review dated 8/12/2013, which non-certified the requested right L4-5 transforaminal ESI with both dilute Marcaine and Depo Medrol. The medical records document lumbar strain, but did not establish the existence of radiculopathy on physical examination. A 12/16/2012 surgical report documents the patient was administered right L3-4 and L4-5 transforaminal ESI under fluoroscopy. A 9/28/2012 lumbar MRI study provided the impressions: 1. L3/4: 4-5 mm diffuse disc bulge. AP dimension of central canal measures 9.5 mm. 3 mm ligamentum flavum hypertrophy indents dorsal aspect of thecal sac. There is moderate to severe bilateral neural foraminal stenosis. 2. L4/5: Posterior annular tear. Diffuse disc bulge with 6 mm broad based posterocentral disc protrusion. AP dimension of central canal measures 6 mm. 4 mm ligamentum flavum hypertrophy indents dorsal aspect of thecal sac. There is moderate right and moderate to severe left neural foraminal stenosis. 3. L5/S1: Posterior annular tear. Diffuse disc bulge with 4.5 mm broad based posterocentral disc protrusion. AP dimension of central canal measures 10 mm. There is mild to moderate bilateral neural foraminal stenosis. According to the 7/18/2013 examination, the patient presents with chief complaint of low back pain radiating down the lateral calf (does not indicate which side). He had a lumbar ESI in December with one month positive response. The patient has had approximately 4 sessions of physical therapy without significant improvement. He has also had treatment with medications, and is currently taking Percocet 10/325 mg as needed, with minimal to moderate improvement in pain. He complains of 80% low back pain, 5% right leg pain, as well as 10% neck pain and 5% right arm pain. Low back pain is rated 8/10 and right leg pain rated 7/10. Pain is worsened with prolonged sitting, prolonged standing and particularly with forward bending. Pain is improved with lying down and injections. He scored 58 on Oswestry Disability Index, he

has limitations of walking no more than 1 mile and sitting no more than 30 minutes. He works full time. Physical examination of the lumbar reveals gait is brisk with good coordination, no difficulty with heel/toe walk, mild pain with palpation of the lower lumbar spine, normal ROM, 5/5 motor strength, intact sensation and 2+ reflexes of the bilateral lower extremities, and negative straight leg raise bilaterally. Diagnosis is lumbar strain with L4-5 HNP, annular tear. The prior PT was focused on passive modalities and he has not established a regular and consistent HEP. Plan for treatment is LESI, physical therapy, Robaxin, x-rays of lumbar spine, and follow up in 6 weeks. Work status is continued work with restrictions.

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

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

**Right L4-5 Transforaminal ESI with both Dilute Marcaine and Depo Medrol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the CA MTUS guidelines, the criteria for epidural steroid injection requires radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The 7/18/2013 medical report documents the patient as having a normal neurological examination of the lumbar spine. In the absence of radiculopathy on objective examination, the medical necessity of a lumbar epidural injection has not been established. Additionally, the patient received an epidural injection in December 2012, which he obtained only 1 month of benefit. The guidelines state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records do not establish the patient obtained adequate pain relief and reduction in medication use as required by the guidelines. The request is non-certified.