MAXIMUS Federal Services

| Case Number: | CM13-0040945 | | |
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| Date Assigned: | 12/20/2013 | Date of Injury: | 10/01/2008 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

## 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 Anesthesiology, and is licensed to practice in Florida. 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 injured worker is a 46-year-old male who reported an injury on 10/01/2008. The mechanism of injury was lifting a heavy stack of wood. The diagnoses include radiculopathy and postlaminectomy syndrome of the lumbar region. The MRI of 09/28/2009 revealed at L4-5 there was interval laminectomy and discectomy and there was focal residual left posterolateral granular deformity, but the appearance was that of postoperative granulation tissue. There was no recurrent residual extruded fragment. The injured worker had an EMG on 08/11/2010 with a normal study. The injured worker had a transforaminal lumbar epidural steroid injection at L5 on the left on 07/02/2013. The documentation of 10/03/2013 revealed the injured worker had pain radiating to the left leg. The physical examination revealed motor strength was 5/5 and sensory was intact to light touch. The straight leg raise was negative bilaterally. The injured worker's diagnoses include radiculopathy and postlaminectomy lumbar syndrome. It was indicated the last injection helped considerably well over 50% and lasted for several months. The treatment plan included the injured worker described the pain as a recurrence and wanted a repeat injection. As such, the request was made for a left foraminal injection at L4 and L5 levels.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**INJ FORAMEN EPIDURAL L/S:** 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:** The MTUS Chronic Pain Guidelines recommend repeat epidural steroid injections when there is objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker experience a 50% relief that lasted for several months. However, the injection was noted to be at 1 level, L5 on the left side. As such, the application of the first injection's criteria would need to be met. 1st injection criteria in the MTUS Chronic Pain Guidelines included that the injured worker must have objective findings of radiculopathy upon examination which must be corroborated by either MRI or EMG findings and the pain must be initially unresponsive to conservative treatment. The physical examination failed to indicate the injured worker had myotomal or dermatomal findings to support radiculopathy and the MRI indicated there was no evidence of nerve impingement, and the EMG was normal. There was a lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment. The request as submitted failed to include the laterality and level being requested. Given the above, the request for injection foramen epidural lumbar spine is not medically necessary.

**INJ FORAMEN EPIDURAL ADD-ON:** 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 INJECTION Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend repeat epidural steroid injections when there is objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had 50% relief that lasted for several months. However, the injection was noted to be at 1 level, L5 on the left side. As such, the application of first injections criteria would need to be met. 1st injection criteria in the MTUS Chronic Pain Guidelines included that the injured worker must have objective findings of radiculopathy upon examination which must be corroborated by either MRI or EMG findings and the pain must be initially unresponsive to conservative treatment. The physical examination failed to indicate the injured worker had myotomal or dermatomal findings to support radiculopathy and the MRI indicated there was no evidence of nerve impingement, and the EMG was normal. There was a lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment. The request as submitted indicated it was for an injection failed to include laterality and the level being requested. Given the above, the request for injection foramen epidural add on is not medically necessary and appropriate.