

<b>Case Number:</b>	CM13-0042482		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Orthopedic Surgery 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 56 year old female who was injured on December 6, 2012 due to lifting a linen hamper at work sustaining a back injury. Prior treatment history has included lumbar epidural steroid injection and epidurogram on April 1, 2013. Diagnostic studies reviewed include MRI of the lumbar spine dated January 16, 2013 revealing that there is a postsurgical change which appears to consist of left-sided hemilaminectomies or laminotomies at L3 and L4. There is mild multilevel degenerative change of the lower lumbar spine seen from L3-4 to L5-S1. At L3-4 there are biforaminal focal disc protrusions measuring 4 mm in AP dimension on the right and 2-4 mm in AP dimension on the left. These in combination with facet arthropathy result in mild to moderate bilateral neural foraminal narrowing. There is no spinal canal stenosis. AP diameter of thecal sac measures 14 mm. At L4-5 there is biforaminal disc protrusions measuring 3-4 mm in AP dimension on the left and 2 mm on the right. These in combination with facet arthropathy result in moderate bilateral neural foraminal narrowing. There is no spinal canal stenosis. The thecal sac measures 14 mm. At L5-S1 there is a 3 mm broad based central disc protrusion which results in no significant spinal canal stenosis. Thecal sac measures 13 mm. There is mild bilateral neural foraminal narrowing due to bilateral facet arthropathy. PR-2 dated September 17, 2013 documented the patient with complaints of back pain. She rates her pain 8-10/10 on a pain scale. She does report some increased back pain since her last visit. She has radiation of pain and numbness down both legs down to feet, right side much worse than left. She has had six visit of chiropractic treatment, which she states did not help her with the pain. She also had three visits of physical therapy and eight visit of acupuncture, which she states helped somewhat decrease her pain. She has had an epidural injection of her lumbar spine in the past, which she states helped decrease her pain by about 50%. She says she has to increase her medication use due to her increase in pain. She states she is taking Norco, temazepam, Ketoprofen and Terocin cream.

She states the medications do help decrease her pain by about by about 30% and allows her to increase her walking distance by about 20 minutes. She denies side effects with medication use. Objective finding son exam reveal the patient is in no acute distress. Range of motion of the lumbar spine is decreased in all planes and limited by pain. She has mild tenderness to palpation in the lower lumbar facet regions bilaterally. She had decreased sensation L4, L5 and S1 dermatomes on right. Diagnoses were Lumbar radiculopathy, multilevel disc herniations of the lumbar spine with moderate neural foraminal narrowing, Facet arthropathy of the lumbar spine, and status post microlumbar decompressive surgery on the left at L3-4 in approximately 2005.

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

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

#### **RIGHT TRANSFORAMINAL EPIDURAL INJECTION L3,L4,L5: Upheld**

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

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

**Decision rationale:** According to California MTUS guidelines; Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of 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. The medical records dated September 17, 2013 document the ESI that was performed on April 1, 2013 has helped decrease the pain by 50% temporarily and she had to increase her medications dosage due to inceased pain afterwards. The medical report dated April 15, 2013 (2 weeks after the ESI) states there was no considerable difference between the pain relief effect of the ESI with or without the medications. On the other hand, there is no toxicology urinalysis documentation indicating associated reduction of pain medications. Therefore, the second Right Transforaminal Epidural Injection L3,L4,L5 is not medically necessary.