

<b>Case Number:</b>	CM13-0046456		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 68 year old female who had a work injury dated 11/14/05. The diagnoses include lumbar degenerative disc disease with radiculopathy; multilevel lumbar neuroforaminal stenosis at L3-L4, L4-5, and L5-S1 bilaterally; lumbar facet arthropathy at L3-4, L4-5, and L5-S1 levels bilaterally; and myofascial low back pain. There is an 11/15/13 document that states that the patient has had low back pain that has been present for the past six years. The pain started suddenly after she had lifted heavy boxes with weight ranging from 25 to 100 lbs. and has been progressively becoming worse. She states her left knee and low back pain have increased considerably since her last visit. She has also been experiencing numbness in the left foot intermittently as well. Her back MRI was delayed. The focus of her pain changed to her back. She can't sit and sleeping is difficult. The left hip is hurting as well. There was a request for a LESI at her last visit, but the LESI was denied documents the providing physician. The document states that the patient continues to have significant back pain that is getting worse. She is using more patches. Activities of daily living are difficult for the patient. It has been 1.5 years since has received this treatment and she did receive >50% improvement for a year with the last injection. There is a request to reconsider and authorize this treatment as soon as possible. Range of motion of the lumbar spine is full in flexion, extension, lateral rotation and lateral bending with no increase in concordant pain in any planes. Motor strength is 5/5 bilateral lower extremities. Sensation is decreased to light touch, pinprick along all dermatomes left lower extremities. Deep tendon reflexes are 2+ bilateral ankles and 2+ bilateral knees. Straight leg raise test is positive left for radicular signs until 60 degrees. Patrick/Gaenslen's test is positive for SI arthropathy. Pace/Freiberg's test is negative for Piriformis syndrome. In a progress report dated 10/21/13, the patient complained of left low back pain that had been present for the past 6 years.

The patient reported numbness in the left foot intermittently. The patient had medical history of hypertension which became problematic with increased pain. On physical exam, there was full range of motion in the lumbar spine to flexion, extension, lateral rotation and lateral bending without increase in concordant pain in any planes. The patient had 5/5 motor strength in the bilateral lower extremities. There is decreased sensation along all dermatomes of the left lower extremity. The patient had 2+ deep tendon reflexes along the knees and ankles bilaterally. The patient had positive straight leg raise test on the left for radicular signs and symptoms at 60 degrees. The patient was positive for sacroiliac arthropathy.

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

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

**LEFT TRANSFORAMINIAL EPIDURAL STEROID INJECTION AT L3-L4-L5 X2 #4:**  
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 Page(s): 46.

**Decision rationale:** The MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The patient's physical exam does not have a dermatomal specific distribution of pain with corroborative findings of radiculopathy in an L3, L4, and L5 distribution. There are also no objective lumbar MRI reports to confirm the levels of pathology. Furthermore, the guidelines state that no more than two nerve root levels should be injected using transforaminal blocks. The guidelines also state that in the diagnostic phase a second block is not recommended if there is inadequate response to the first block. The request exceeds the number of levels. The request asks to repeat injections prior to patient noting if the prior injection had any efficacy. As such, the request is not medically necessary.