

<b>Case Number:</b>	CM13-0048284		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2003
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2013

### 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 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:

This patient sustained an injury on 8/20/2003 while employed by [REDACTED]. The request under consideration is L4-L5 bilateral transforaminal LESI. The report of 5/6/14 from the pain management provider noted the patient with chronic low back and right knee pain. It was noted the patient continues with low back pain radiating into the right lower extremity with associated numbness and tingling; there is left leg pain but not as intense; right knee pain is worsened with standing, climbing, and walking; pain rated at 3-7/10 and sometimes 10+/10 on occasions. The patient can perform personal care and housekeeping. MRI of the lumbar spine dated 1/23/04 noted no change from 2002 study with mild degenerative disc disease at L3-4 and L5-S1 without disc protrusion, canal or neural foraminal stenosis or nerve impingement. MRI report of 8/15/12 showed no evidence of disc protrusion and very mild degenerative changes at L3-4 and L5-S1. The 3rd repeat lumbar spine MRI on 6/20/05 again showed degenerative discs at same site with minimal fluid in facets at same levels without hypertrophic changes. Exam noted antalgic gait without atrophy of bilateral upper and lower extremities with no acute distress. There was no other neurological or musculoskeletal exam recorded. Medications list Lidoderm patch, Naproxen, Gabapentin, Trazodone, Hydrocodone/APAP, Pantoprazole, Orphenadrine-norflex, and Atenolol. Diagnoses include Degeneration lumbar lumbosacral disc; lumbago and pain in joint lower leg right knee. The treatment noted patient had last epidural injection on 11/12/13 which gave her 9 months of pain relief. The patient was to continue her medication management and conservative treatment. The patient remained permanent and stationary with disability. The request for L4-L5 bilateral transforaminal LESI was partially-certified on 10/21/13 with modifier of -50, non-certifying myelography/epidurogram and sedation citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 bilateral transforaminal LESI:** Upheld

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

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without any motor or sensory deficits or radicular signs. EMG has no evidence for radiculopathy. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The L4-L5 bilateral transforaminal LESI is not medically necessary and appropriate.