

<b>Case Number:</b>	CM13-0048834		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/26/2004
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Pain Management 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 injured worker is a 54-year-old female who sustained industrial-related injuries on February 26, 2004. As per most recent medicals presented dated September 3, 2013, the injured worker made a follow-up visit with regard to her neck and mid back complaints which she rated at 8 - 9/10. She reported bilateral upper extremity numbness, tingling sensation and pain to the hands, as well as bilateral lower extremity numbness, tingling sensation and pain to the feet and ongoing headaches. Objectively, gait is normal and non-ataxic with normal heel-toe walk. Decreased sensation to the right C5, C6, C7 and C8 dermatomes to pinprick and light touch was noted. Decreased right L5 and S1 dermatomes to pinprick and light touch were noted. Examination revealed 5 /5 bilateral upper extremities limited by pain, 4+/5 bilateral extensor hallucis longus and eversion, 5-/5 bilateral tibialis anterior, and the rest was 5/5 in the lower extremities. Treatment plan included interlaminar epidural steroid injection of the C4-C5, transforaminal epidural steroid injection on the bilateral L4, L5 and S1 roots, CT scan of the cervical spine, electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower and upper extremities, urine toxicology screening, and medications. Magnetic resonance imaging scan of the lumbar spine performed on December 24, 2012 revealed degenerative disc disease and facet arthropathy with Grade I anterolisthesis L1-L2 and L2-L3 and retrolisthesis L3-L4, L4-L5, and L5-S1. Her left L3 pedicle posterior element edema greater than L2 suggestive of bone marrow trabecular injury or stress reaction with surround soft tissue edema although no definite fracture was seen. This is a request regarding bilateral transforaminal epidural steroid injection at the L4 and L5 roots.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE L4 AND L5 ROOTS:** 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 (ESIs) Page(s): 46.

**Decision rationale:** According to evidence-based guidelines, an epidural steroid injection is administered in order to decrease inflammation and pain, restore range of motion which can facilitate more active treatment programs and avoid surgery. However, radiculopathy must be documented by physical examination and is corroborated by imaging studies or electrodiagnostic studies. In this case, the injured worker's only objective finding as per most recent medicals is decreased sensation in the right L5 and S1 dermatomes while magnetic resonance imaging scan of the lumbar spine performed on December 24, 2012 revealed degenerative disc disease and facet arthropathy with Grade I anterolisthesis L1-2 and L2-L3 and retrolisthesis L3-L4, L4-L5 and L5-S1. There were no other imaging studies performed and her treating physician is requesting an electromyography (EMG) and nerve conduction velocity (NCV) studies for the bilateral upper and lower extremities. Also, there is no documentation that the injured worker is unresponsive to conservative treatments and this request has been previously denied by utilization review bodies. Based on this information, there is insufficient evidence that the injured working has lumbar spine radiculopathy. Hence, the medical necessity of the requested bilateral L4-L5 and L5-S1 facet injections is not medically necessary and appropriate.