

<b>Case Number:</b>	CM13-0058763		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/06/2007
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Interventional Spine 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 is 60-year-old female with date of injury 04/06/2007. Per treating physician's report 11/12/2013, patient presented with lumbar spine, cervical spine, left leg, left hip pain. Patient has increased spasms into the bilateral legs, neck, and into the low back. Pain is increased when she does not take the tramadol. Pain is at 8/10 in the lumbar spine, sharp shooting spasms. Examination of the lumbar spine shows tenderness over the facets. Straight leg raise test is positive in the right leg and on the left to 80 degrees. Range of motion was diminished. Reflexes are symmetric. Motor examination shows 4+/5 to 5-/5 strength in the left side for knee flexion, extension, and hip flexion. Distal muscle strengths were 5/5. On the right side, they were 5/5. Listed diagnostic impressions were: 1. Lumbar disk displacement L4-L5. 2. Lumbago. 3. Lumbosacral neuritis. 4. Mild spasm. 5. Cervical dystonia. Under treatment discussion, the treater indicates that he reviewed the MRI with the patient that showed 7-mm disk tear at L3-L4. Under treatment plan, continue medications. Patient's orders include "970 replacement brace" nerve root block/TFESI-lumbar, left L5-S1. Report of the lumbar MRI from 05/29/2013 reads moderate canal stenosis at L2-L3, bilateral foraminal stenosis at this level; at L3-L4 grade 1 anterolisthesis, moderate to severe canal stenosis and severe right and mild left neuroforaminal narrowing; at L4-L5, mild canal stenosis, moderate right and mild left neuroforaminal narrowing. At L3-L4, it also shows disk bulge with bilateral paracentral disk protrusion with annular tear measuring 7 mm. There is a reference to L4-L5 epidural steroid injection with [REDACTED] from 01/10/2012. This was referenced by the treating physician's review of additional medical records from 09/17/2013. This medical records review report also mentions on page 7 of the report, that "leg pain and spasm 95% better after bilateral L5", and "repeat epidural steroid injection last helped 70% on the right but now left leg is re-flared." Second opinion orthopedic

spinal surgery consultation from 04/30/2013 by [REDACTED] indicates "non-operative treatment, including physical therapy, medications, and epidural injections has failed to provide her a long term substantial pain relief." There is also a reference to EMG study from 08/06/2012 which showed no evidence of lumbar radiculopathy. This is referenced by a nurse's report 05/03/2013. There is also a reference that this patient had lumbar epidural steroid injection 05/01/2012 as well. Review of the 328 pages show progress report going back to 11/02/2012. This report indicates 0/10 pain down the right leg and 6/10 to 8/10 pain in the left leg. 11/30/2012 report indicates that the patient's left leg cramping is diminished to 5/10 as well.

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

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

#### **1 nerve root block/transforaminal epidural steroid injection at the left L5-S1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back and primarily left lower extremity pain. Request is for repeat lumbar epidural steroid injection on the left side at L5-S1. Review of the reports show that this patient has had multiple lumbar epidural steroid injection. From the reports provided, I was able to uncover that the patient had injections on 01/10/2012 and 05/01/2012. Subsequent progress reports were not available, but reports from 11/02/2012 and 11/30/2012 both show that the patient's right lower extremity pain had disappeared and that the left lower extremity pain is still improved. MRI reports show severe spinal stenosis at multiple levels particularly at L3-L4. Examination showed proximal leg muscle weakness and no other changes. MTUS Guidelines allow epidural steroid injections for diagnosis of radiculopathy defined as dermatomal distribution of pain corroborated by imaging studies. In this case, the patient has had good success with prior injections. The patient has been repeatedly recommended for lumbar surgery. It would appear that the injections may help avoid the surgery. Patient's right leg pain had disappeared following prior injections from year 2012. Left leg symptoms have improved also. Spinal stenosis condition is known to cause significant leg pain. Epidural steroid injections or transforaminal approach injections were quite reasonable in these situations and supported by MTUS Guidelines. Recommendation is for authorization.