

<b>Case Number:</b>	CM13-0069115		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/07/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Illinois. 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 59 year old female who reported an injury on 11/07/2006 due to trauma caused by twisting of lower back. The injured worker complained of low back, left shoulder and left knee pain. The injured worker described her pain as aching, burning, numb and stinging. The injured worker stated that she had not been sleeping due to the pain. The injured worker rated her pain at a 4 on a scale of 0-10. The injured worker had physical examination findings that revealed pain upon palpation of the lumbar facet on both sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinal muscles. The injured workers gait appeared to be antalgic. The injured worker had anterior flexion of the lumbar spine of 30 degrees, which caused her pain. Extension of the lumbar spine was 10 degrees and also caused pain. The injured worker has diagnoses of lumbar/lumbosacral disc degeneration, lumbosacral neuritis, lumbago and myalgia/myositis. The injured worker medications are Voltaren 1% Topical Gel 1 gram three times a day PRN for 30 days, Vitamin D3, Calcium, Glucosamine-chondroitin, Ibuprofen 800 mg 1 tablet three times a day PRN for 30 days, Norco 10/325 mg 1 tablet three times a day PRN for 30 days, Soma 350 mg 1 tablet twice a day PRN for 30 days, and Xanax 0.5 mg 1 tablet every 8 hours PRN for 30 days. On MRI dated 04/24/2013 the injured worker had evidence of grade 1 anterolisthesis of L4-5 identified by 1 mm. There was also a 2 mm central broad-based bulge with moderate facet arthrosis and right facet joint effusion. On L5-S1 it had moderate to severe disc desiccation with a 3 mm central broad-based disc bulge as well. The injured worker also had findings of moderate facet arthrosis and bilateral joint effusions. There was no definite impingement of the exiting nerve roots. The treatment plan is for Transforaminal Lumbar Epidural Steroid Injection (TESI) L4-5, L5-S1- Right side greater than left. The rationale and request for authorization form were not provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION (TESI) L4-5, L5-S1 - RIGHT SIDE GREATER THAN LEFT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382-383.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections Page(s): 46-47.

**Decision rationale:** The request for Transforaminal Lumbar Epidural Steroid Injection (TESI) L4-5, L5-S1- Right side greater than left is not medically necessary. The injured worker complained of pain in the lower back, describing it as burning, stinging and numbing. The injured worker rated her pain at a 4 on a scale of 0-10. The Chronic Pain Medical Treatment Guidelines guidelines recommend epidural steroid injections for injured workers with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as significant alteration in the function of a nerve root or nerve roots and usually caused by pressure on one or several nerve roots. The injured worker does not have objective findings of radiculopathy documented on the most recent note. The injured worker had intact motor and neurological exam findings. As such, the request for TESI to the L4-5 and L5-S1 is not medically necessary