

<b>Case Number:</b>	CM13-0070867		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 a 63-year-old male with date of injury 04/16/2007. Per treating physician's report, 11/18/2013, patient reports return of the sciatica symptoms at 6/10 with any position aggravating the pain. Objective finding was tender over lumbar paraspinal muscle (PSM), antalgic gait. MRI (magnetic resonance imaging) report from 06/17/2013 showed grade 2 anterolisthesis at L5-S1; mild canal stenosis at L3-L4 and L5-S1; neuroforaminal narrowing at L2-L3, L5-S1, severe bilaterally at L5-S1. Listed assessments are: low back pain, herniated nucleus pulposus (HNP), sciatica, spondylolisthesis, and numbness. Under discussion, the treating physician indicates the patient's low back pain has progressively returned, majority of the symptoms are in the lower extremity at L5-S1 and request was for spinal injection for pain management as his previous spinal injection offered him pain relief and functional gain. The request was for transforaminal lumbar epidural steroid injection bilaterally at L5-S1. A 10/21/2013 report indicates, "Currently, he reports he is able to manage his low back pain." The patient was returned to work full time with no restriction. The 09/23/2013 report states, "He reports 50% pain relief, functional gain, and activities of daily living (ADLs) improvements from receiving his transforaminal epidural injection on 08/15/2013." Operative report from 08/15/2013 has right and left L5-S1 transforaminal epidural steroid injection. This request was denied by utilization review letter, 12/22/2013 with the rationale that there was no "unequivocally described a radiculopathy on both physical examination, imaging/ electrodiagnostic studies (EDS)."

### 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 (LESI) AT L4-L5 AND L5-S1, BILATERALLY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESI's). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiculopathy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESI's) Page(s): 46-47.

**Decision rationale:** This patient presents with persistent low back pain and bilateral lower extremity pains with pain that is worse in the lower extremities than the low back. A review of the reports shows that the patient previously had lumbar epidural steroid injection on 08/15/2013 and experienced greater than 50% reduction of the lower extremities, being able to return to work. 09/23/2013 report indicates improvements in activities of daily living, function, and pain reduction. A 10/21/2013 report has patient was to return to work with no limitations. By 11/18/2013, the patient's symptoms have returned with the request for repeat injection. This request was denied by utilization reviewer citing lack of clear documentation of radiculopathy. The MTUS guidelines allow for repeat injections if documentation of pain reduction and functional gains are clearly provided. In this case, the patient's MRI (magnetic resonance imaging) shows severe bilateral foraminal stenosis at L5-S1 along with other level foraminal stenosis above, patient has a clear pain down both lower extremities, although it has not described specifically in dermatomal distribution. The patient has more pain down the lower extremities than the low back, and the patient is 63 years old. The patient had significant reduction of leg symptoms following the injection that lasted more than 2 months and returned to work. The recommendation is for authorization.