

<b>Case Number:</b>	CM14-0008735		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/26/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 patient is a 54-year-old male who has submitted a claim for displacement of cervical and lumbar intervertebral discs without myelopathy and lumbosacral neuritis associated with an industrial injury date of June 22, 2010. The medical records from 2013 were reviewed. The patient complains of constant upper back pain radiating to the neck and shoulders, and low back pain radiating to bilateral lower extremities, graded 7/10 in severity. Pain at both legs was described as numbness and tingling sensation. Aggravating factors included prolonged sitting, prolonged standing, prolonged walking, repetitive neck bending, repetitive lifting, and overhead reaching. Alleviating factors included rest, activity modification and heat. A physical examination of the cervical and lumbar spine revealed tenderness and restricted range of motion. Triceps reflexes were diminished bilaterally. Sensation was diminished at bilateral C7 and C8 dermatomes. Motor deficit was present at the left C8 myotome. Foraminal compression test was positive bilaterally. Valsalva maneuver and sciatic tension test were positive bilaterally. Straight leg raise test for pain along the sciatic distribution was positive bilaterally. Sensation was diminished at bilateral L4 and L5 dermatomes. Motor weakness was noted at L4 and L5 myotomes. An MRI of the lumbar spine, dated 08/13/2012, revealed multi-level broad-based disc protrusion with spinal canal narrowing and bilateral neuroforaminal narrowing at L2-L3, L3-L4, L4-L5, and L5-S1. Treatments to date have included cervical and lumbar epidural steroid injections, cervical facet block, chiropractic care, physical therapy, acupuncture, use of a lumbar support, use of a wrist brace, use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medications such as naproxen, Norco, Zanaflex, Vicodin, and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI at bilateral L2-3, L3-4, L4-5, L5-S1:** 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 Injection Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. No more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient complained of low back pain radiating to bilateral lower extremities, described as numbness and tingling sensation. The physical examination strongly indicates focal neurologic deficit, and further corroborated by MRI findings. The patient previously underwent lumbar epidural steroid injection resulting to 50% pain relief with improved activities of daily living. The need for a repeat lumbar ESI has been established. However, the present request exceeded the guideline recommendation of no more than two nerve root levels for injection per session. The Guideline criteria were not met. Therefore, the request for Lumbar ESI at bilateral L2-3, L3-4, L4-5, L5-S1 is not medically necessary.