

<b>Case Number:</b>	CM14-0009429		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Physical Medicine & 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 48-year-old male with date of injury of 10/25/2012. Per treating physician's report on 01/07/2014, diagnostic impressions were moderate to marked decreased disk height, disk desiccation, degenerative marrow changes with small anterolateral and posterior osteophytes noted at L4-L5 level, associated mild to moderate narrowing of the L4 neuroforamina bilaterally. The impression was that of the MRI of the lumbar spine from 04/13/2013. This report has listed diagnosis of lumbar disk displacement without myelopathy or spasms at the muscle, lumbago, and cervicgia. Under discussion, the treating physician states the patient's back pain and leg pain has slightly returned since epidural injection at L4-L5 level, having a slight flare up today, and technically speaking, the patient should not have an MMI evaluation during a flare up. The patient's radiculopathy on the left side with numbness and tingling has returned. Medications, chiropractic treatment, and epidural together have been effective in reducing his pain. The treating physician indicates on examination, the straight leg raise test is positive, although he does not indicate which side, but reflexes were symmetric, heel and toe walk are normal, paravertebral muscle tenderness noted on the left side. MRI of the lumbar spine from 04/13/2013 report is available for review with the impression of mild to moderate narrowing of the L4 neuroforamina bilaterally, but no disk herniation or other stenosis. The patient's last epidural steroid injection on the left side at L4-L5 was from 07/24/2013. Progress report on 08/08/2013, following the patient's epidural steroid injection, states that the patient is feeling good and, since the procedure, has felt electrical shocks on occasion on his right side, but denies pain, numbness, and tingling. The pain is down to 1/10 to 2/10 and the patient is back at work, reports no problems, returning to full duty. The patient also reports he does not need to take medications.

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

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

### **TRANSFORAMINAL EPIDURAL STERIOD INJECTIONS LEFT L4-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request is for repeat transforaminal epidural steroid injection on the left side at L4-L5. This patient's MRI demonstrated L4-L5 bilateral foraminal stenosis due to disk height loss at this level. The patient is status post last epidural steroid injection on the left side at L4-L5 from 07/24/2013. Subsequent reports following this injection shows that the patient was able to return to work, stopped taking medications for a while before going back to taking the Naprosyn. It was not until about 6 weeks later that the patient started taking the Naprosyn, but the level of functionality was the same. MTUS Guidelines do allow for epidural steroid injections to treat radiculopathy. This patient has left leg pain, MRI findings showing foraminal stenosis at L4-L5 with examination showing positive straight leg raise. The patient had prior injection in July with significant benefit including medication reduction, return to work. Therefore, a repeat injection is medically necessary.