

<b>Case Number:</b>	CM14-0104127		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/09/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine 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:

The patient injured her neck and low back on 10/09/08 and bilateral transforaminal epidural steroid injections at L5-S1 with sedation are under review. She reportedly was standing on a step stool reaching for files when she injured her cervical and lumbar spines. She is status post cervical spine surgery in 2011 with anterior fusion at C5-7. She has a current diagnosis of lumbar spinal stenosis at L5-S1 with foraminal impingement and radiculopathy. She had a QME with [REDACTED] on 12/20/13 and he stated that she had a lumbar epidural steroid injection with some benefit but it wore off. She saw [REDACTED], an orthopedic spine surgeon, on 06/09/14 and complained of low back pain radiating to the legs. She had tenderness. A lumbar spine MRI from 2012 demonstrated multilevel lumbar degenerative disc changes that were most pronounced at L5-S1 with moderately severe foraminal stenosis. Physical examination revealed tenderness and increasing pain with range of motion. Straight leg raise maneuvers were negative. She had an ESI at L1-2 in May 2009 that gave her some relief but wore off. She had weakness at the right quadriceps/knee extension and full strength at L5-S1. Sensation was intact at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural injections Right L5-S1 with sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for a transforaminal epidural injection on the right side at level L5-S1 with sedation. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." There is no clear objective evidence of radiculopathy at the level to be injected on physical examination and no EMG was submitted. There is no indication that the patient has been involved in an active program of exercise for her low back complaints prior to consideration of proceeding with this type of injection. There is no evidence that she has failed all other reasonable conservative care, including PT, or that this ESI is being offered in an attempt to avoid surgery. The MRI report does not indicate the presence of nerve root compression at the level to be injected. There is no indication that the patient has been instructed in home exercises to do in conjunction with injection therapy. Of note, she underwent an ESI at level L1-2 with "some benefit" and it is not clear why a different level is now being targeted. The medical necessity of this request has not been clearly demonstrated. The ESI is not medically necessary and therefore, sedation is also not indicated.

**Transforaminal epidural injections Left L5-S1 with sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for a transforaminal epidural injection on the left side at level L5-S1 with sedation. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." There is no clear objective evidence of radiculopathy at the level to be injected on physical examination and no EMG was submitted. There is no indication that the patient has been involved in an active program of exercise for her low back complaints prior to consideration of proceeding with this type of injection. There is no evidence that she has failed all other reasonable conservative care, including PT, or that this ESI is being offered in an attempt to avoid surgery. The MRI report does not indicate the presence of nerve root compression at the level to be injected. There is no indication that the patient has been instructed in home exercises to do in conjunction with injection therapy. Of note, she underwent an ESI at level L1-2 with "some benefit" and it is not

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