

<b>Case Number:</b>	CM14-0016897		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 suffered a work-related injury on 4/14/11. Treatment history includes physical therapy, chiropractic treatment, HEP, medications, TSESI on left L5-S1 on 07/15/2013, cervical ESI on 09/09/2013 with 75% relief, and cervical ESI on 01/13/2014 with 50% relief. Medical records note an MRI of the lumbar spine without contrast dated 04/02/13 demonstrated multilevel degenerative changes in the lumbar spine with increased fat in the dorsal canal, which impresses the dorsal thecal sac at the L2-3, L3-4, and L4-5 levels. There is also mild facet hypertrophy and mild bilateral foraminal narrowing at the L4-5 level and disc degeneration with mild left foraminal narrowing at the L5-S1 level. Medical report dated 12/20/13 noted complaints of lower back pain described as numbness, aching, dull, and is becoming more intermittent. VAS scale is 4/10 and radiates into both lower extremities and left buttock. Physical examination findings note moderate tenderness over lower lumbar paraspinal muscles bilaterally and (+) SLR (sitting) on left. There are no neurological deficits reports. Diagnosis for lumbar is back pain with radiculitis and degenerative disc disease. Examination report dated 1/27/14 notes continued lower back pain with VAS score of 3/10 and radiates into his left groin and left buttock. Examination findings were essentially unchanged, however, antalgic gait is noted and motor strength is reported as 5/5 for bilateral hip flexion strength (L2). The physician further states that the exam does show moderate axial findings with no radicular findings today and after review of MRI there is recess narrowing at L2-3 on the left that he believed to be part of the left groin pain. The request is for transforaminal epidural steroid injection at the left L2-3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL EPIDURAL INJECTION TO LEFT L2-3: 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 Injection (ESL) Page(s): 46.

**Decision rationale:** As per CA MTUS guidelines, the criteria for use of lumbar ESI is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines further indicate the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case, this patient reports lower back pain radiating into the left groin/left buttock. The MRI of the lumbar spine dated 04/02/2013 showed multilevel degenerative changes in the lumbar spine with increased fat in the dorsal canal, which impresses the dorsal thecal sac at the L2-3, L3-4, and L4-5 levels. On physical exam, there is documentation of moderate tenderness over lower lumbar paraspinal muscles bilaterally, positive sitting SLR on left; however, there is no documentation of neurological deficits in the lower extremities. The physician further states that the exam does show moderate axial findings but no radicular findings. Additionally, there is documentation of prior trial of transforaminal ESI in July 2013 with no documentation of functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks as recommended by guidelines. As such, based on the MTUS Chronic Pain Medical Treatment Guidelines criteria, as well as the clinical documentation reviewed, there is lack of physical examination findings consistent with radiculopathy. Therefore, the request for transforaminal epidural steroid injection at the left L2-3 is not considered medically necessary and appropriate.