

<b>Case Number:</b>	CM14-0018512		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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:

The patient is a 60 year old with an injury date on 3/20/12. Based on the 12/18/13 progress report provided by [REDACTED] the diagnoses are: 1. lumbar spondylosis and myelopathy 2. lumbar radiculitis 3. lumbar facet syndrome Exam on 10/1/13 showed "bilateral paraspinal muscle spasms and stiffness in the L-spine area. Bilateral lumbar facet tenderness at L1-L2 and L2-L3 level. Pain in the lumbar spine worsens on extension, side bending, and rotation of spine. Range of motion of lumbar spine is very limited. No L-spine radiculopathy. Magnetic resonance imaging (MRI) of left lumbar spine on 3/26/12 showed previous L3-S1 transpedicle fusion with intact hardware, and other findings were normal. Review of the reports does not show any evidence of more recent MRIs. [REDACTED] is requesting left transforaminal lumbar epidural steroid injection at L5-S1 level under fluroscopy . The utilization review determination being challenged is dated 1/29/14 and modified request, rejecting L4-5 but approving L5-S1 due to MRI evidence of narrowing of foramina on left-side. [REDACTED] is the requesting provider, and he provided treatment reports from 7/12/13 to 12/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TRANSFORMINAL LUMBAR EPIDURAL STEROID INJECTION AT THE L5-S1 LEVEL UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS (ESIS), 46

**Decision rationale:** According to the 9/5/13 report by [REDACTED], this patient presents with "chronic low back pain moving across to bilateral buttock and groin. Lower back pain is constant ache, no radiating symptoms. Pain is 8/10, but 3/10 with meds and injections, described as sharp, shooting, stabbing, and burning. Pain interferes with activities of daily living. No pain to lower extremities. No evidence of lumbar radiculopathy." The request is for left transforaminal lumbar epidural steroid injection at L5-S1 level under fluroscopy. On 8/29/13, patient had left lumbar L1-L2 transforaminal epidural steroid injection, left lumbar L1-L2 extradural myelogram, and reported 50-60% pain relief and 6 weeks of functional improvement based on 1/2/14 report. On 1/2/14, patient had left lumbar L1-L2 transforaminal injection and left lumbar L1-L2 extradural myelogram performed again. On 10/1/13, patient had bilateral lumbar facet injection at L1-L3, but on 12/18/13, patient reported increase of lower back pain as effects of injection wore off. [REDACTED] requested transforaminal lumbar epidural steroid injections at L4-5 and L5-S1 levels because patient "failed conservative therapies for pain control for more than 12 weeks." Regarding epidural steroid injections, California Medical Treatment Utilization Schedule (MTUS) recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In the therapeutic phase, 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." In this case, the patient currently has no radicular symptoms and the patient has had 3 ESI in the past 9 months. MTUS does not support ESI's for non-radicular pain and allows maximum of 3 injections in most cases. The last injection also did not provide any relief. The request is for left transforaminal lumbar epidural steroid injection at L5-S1 level under fluroscopy is not medically necessary and appropriate.