

<b>Case Number:</b>	CM14-0122272		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Pain Management and is licensed to practice in California and Washington. 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 injured worker is a 40-year-old female who reported an injury on 01/14/2010 due to being rear ended by a motor vehicle. She had sudden onset of bilateral leg numbness and pain. The injured worker did not hit her head or lose consciousness. Her supervisor came to the scene of the accident and transported the injured worker to a city doctor. Diagnoses were neck muscle strain, sequelae, lumbar muscle strain, sequelae, and lumbar radiculopathy. Past treatments have been medications and physical therapy with much improvement. Diagnostic studies were x-rays, MRI of the lumbar spine, and an EMG. MRI from 03/22/2010 revealed a 2 mm disc bulge at the L4-5 with a focal of an annular tear. There was a 3 mm disc bulge at the L5-S1. MRI dated 08/22/2013 of the lumbar spine revealed central disc protrusion measuring up 3 mm AP that revealed mild abutment on the descending S1 nerve roots without significant compression or displacement. Underlying diffuse disc bulge measured 2 mm, and revealed mild stenosis of the L5 foramina bilaterally. The EMG revealed entrapment neuropathy of the ulnar nerve across the left elbow with mild to moderate slowing of the nerve conduction velocity, indicative of cubital tunnel syndrome. Physical examination dated 07/21/2014 revealed complaints of low back pain. The injured worker reported that her medication was helping with the pain. The injured worker just completed 12 sessions of physical therapy and reported great improvement. The injured worker was complaining also of left neck pain that was aching. Pain was rated a 4/10, and was intermittent. There were complaints of left shoulder pain and low back pain. Pain was rated a 7/10 for the low back. Examination of the lumbar spine upon palpation revealed there was mild tenderness and spasms to the bilateral lumbar paraspinals, left sacroiliac joint and left gluteus medius/meniscus, and left iliopsoas range of motion was within normal limits. Muscle strength was 5/5 in bilateral lower limbs and muscle tone was normal. There was a negative seated leg

raise bilaterally at 90 degrees. A positive supine leg raise left at 70 degrees. There was a positive Patrick's/Faber's bilaterally. Sensation was within normal limits throughout bilateral limbs, left lateral thigh and left leg slightly numb to light touch. Medications were Flexeril and ibuprofen as needed. Treatment plan was to continue medications as needed. Also, the injured worker was taught special stretches and exercises to continue at home with. There was a request for a left L4-5 transforaminal versus interlaminar epidural steroid injection under fluoroscopy. The rationale and Request for Authorization were not submitted.

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

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

**Left L4 and left L5 transforaminal vs. interlaminar epidural steroid injection under fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection, page 46. The Expert Reviewer's decision rationale: The request for Left L4 and Left L5 transforaminal vs. inter laminar epidural steroid injection under fluoroscopy is non-certified. California MTUS guidelines recommendation for an Epidural Steroid injection that Radiculopathy that it must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The injured worker reported much improvement with physical therapy. Also, the examination and the imaging studies do not corroborate for the findings of radiculopathy. The injured worker was complaining of neck pain. Range of motion was normal, muscle strength was normal, no dermatomes mentioned. Therefore, the request is not medically necessary.