

<b>Case Number:</b>	CM14-0142511		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 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 injured worker is a 51-year-old female who reported an injury on 06/20/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar myoligamentous injury with bilateral lower extremities radicular symptoms; cervical myoligamentous; injury with right upper extremity radicular symptoms; right shoulder sprain/strain; right sprain/strain; and left index finger sprain/strain. Past medical treatment has consisted of physical therapy, chiropractic therapy, the use of a TENS unit, ESIs (Epidural Steroid Injections), and medication therapy. Medications included Norco, Anaprox, and Prilosec. On 11/28/2012, the injured worker underwent an MRI of the lumbar spine which revealed at L5-S1, a 6 mm central disc protrusion compressing the traversing right S1 nerve root. On 08/06/2014, the injured worker complained of back pain. It was noted on physical examination that the injured worker underwent an epidural steroid injection of the lumbar spine on 07/31/2014, which gave the injured worker 50% to 60% pain relief. The physical examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The patient had decreased range of motion with obvious muscle guarding. A flexion of 45 degrees, extension of 15 degrees, left lateral bend of 20 degrees, and right lateral bend of 20 degrees. Deep tendon reflexes of the patellar were 2/4 on the right and 2/4 on the left. Achilles tendon was 1/4 on the right and 1/4 on the left. The sensory examination with Wartenberg pinprick wheel was decreased along the posterolateral thigh and lateral calf bilaterally in approximately the L5-S1 distribution. The straight leg raise in the modified sitting position was positive at 60 degrees bilaterally, causing radicular symptoms to both lower extremities. The treatment plan was for the injured worker to undergo a fluoroscopy-

guided transforaminal epidural steroid injection. The rationale and Request for Authorization form were not submitted for review.

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

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

**Fluoroscopic guided transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for a fluoroscopic guided transforaminal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend ESIs as an option for the treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There was no information on improved function. The criteria for the use of ESIs are as follows: radiculopathy must be documented by a physical examination and corroborated by imaging studies; patients must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; and no more than 2 nerve root levels should be injected using transforaminal blocks. The submitted documentation lacked any evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. There was also a lack of evidence indicating that the injured worker was initially unresponsive to conservative treatment, which would include exercise, physical methods, and medications. The documentation dated 08/06/2014 did indicate that the injured worker had previous transforaminal epidural steroid injections which gave her 50% to 60% pain relief. However, there was no diagnosis congruent with the above guidelines. Additionally, the request as submitted did not indicate what part of the spine was going to be receiving the epidural steroid injection. Given the above, the injured worker is not within the recommended MTUS recommended guidelines. As such, the request is not medically necessary.