

<b>Case Number:</b>	CM14-0147680		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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, 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:

Patient is a 45 year old male with an injury date of 03/28/13. Per the most recently provided 07/21/14 treatment report by [REDACTED], the patient presents with mild right hip pain post righthip arthroscopy on 04/09/14. Per the 02/11/14 AME report the patient presents with constant nagging pain in the lower back becoming sharp and shooting with activity. His pain travels to the right leg, the back of the right knee and to the right foot/toes with episodes of numbness and tingling and weakness in the right leg. Pain increases with prolonged standing, walking, sitting and driving. It is noted the patient last worked 04/23/13. Examination of the lumbar spine by the AME state the patient has an antalgic gait on the right with no list. The most recent examination of the lumbar spine provided by the treater is dated 04/26/13 and states the patient has abnormal gait and weakness of the lower extremities, loss of lumbosacral lordosis, pelvic asymmetry, spasms of the thoracolumbar spine and tenderness of the thoracolumbar spine and paravertebral musculature. The 07/21/14 EMG provides the following impression:

"Electrodiagnostic testing reveals slowing of median and ulnar nerves across the wrist on the right (involving motor and sensory components). There is not proximal peripheral nerve entrapment involving the RUE. On EMG there is no acute denervation in upper extremity muscles, although there are mild changes in cervical paraspinals. Electro diagnostic testing of the RLE reveals findings consistent with L5 radiculopathy. "The 05/03/13 MRI of the lumbar spine without contract states the following impression: 1. At the L5-S1 disc space, there is evidence of a 3 mm retrolisthesis and right paracentral protrusion and a minute inferior annular fissure. There is not compromise of the thecal sac. There is minimal proximal left S1 lateral recess stenosis and left L5 foraminal stenosis. 2. At the L4-5 disc space, a 3 mm

retrolistheses and right paracentral protrusion with a peripheral annular tear is present with minimal spine stenosis and minimal right L5 proximal lateral recess stenosis. There is a 3 mm far lateral bulging annulus with minimal left greater than right bilateral L4 foraminal stenosis. The patient's diagnoses from the 02/11/14 AME report include.1. Torn labrum, right hip.2. Acetabular femoral impingement syndrome, right hip.3. Lumbar sprain/strain.4. Lumbar radicular syndrome.5. Status post lateral epicondylar release. The utilization review being challenged is dated 08/18/14. Reports from 2002 to 07/21/14 were provided.

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

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

#### **Right L4-L5 and L5-S1 Lumbar Epidural Steroid Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** The patient presents with hip pain and constant lower "back pain traveling to right leg, knee, foot and toes." The treater requests for Right L4-L5 and L5-S1 lumbar epidural steroid injection. The 02/11/14 AME report notes the patient was administered a series of lumbar epidurals in 2013 that provided the patient no pain relief. No discussion of these injections was made in the reports provided by the treater. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. Criteria for use include, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." MTUS further states "Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. " In this case, the most recent examination of the lumbar spine provided by the treater is dated 04/26/13 and states the patient has spasms of the" thoracolumbar spine and tenderness of the thoracolumbar spine and paravertebral musculature." The 07/21/14 EMG study states, "Electro diagnostic testing of the RLE reveals findings consistent with L5 radiculopathy." The 05/03/13 MRI reports" right paracentral protrusion" at L4-5 and "minimal right L5 proximal lateral recess stenosis." For L5-S1, "right paracentral protrusion" and "minimal proximal left S1 lateral recess stenosis and left L5 foraminal stenosis" is reported. Examination is corroborated by MRI and electrodiagnostic studies; therefore, an ESI would be indicated. However, per the reports provided, the patient has tried prior ESI injections in 2013 without any benefit. The most recent examination of the lumbar spine by the treater is dated April 2013 and there is no discussion regarding the need for a repeat injection. Therefore, the request is not medically necessary.