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| <b>Case Number:</b>   | CM14-0152147 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 06/15/2008 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2014 |

### 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 patient is a 70-year-old female who has submitted a claim for lumbago, lumbar sprain, and lumbar disc degeneration associated with an industrial injury date of 06/15/2008. Medical records from 07/11/2008 to 08/27/2014 were reviewed and showed that patient complained of low back pain radiating down anterolateral thigh with tingling sensation into the legs. Physical examination revealed tenderness over lumbar paraspinal muscles, decreased lumbar ROM, and intact neurologic evaluation of lower extremities. X-ray of the lumbar spine dated 10/18/2013 revealed posterior fusion at L4-5, anterior fusion at L5-S1, and L1-2 and L2-3 degenerative disc changes. CT scan of the lumbar spine dated 09/2012 did not reveal evidence of neural compromise. MRI of the lumbar spine dated 09/19/2010 did not reveal evidence of neural compromise. Treatment to date has included L4-5 posterior decompression laminectomy (01/29/2013), L5-S1 anterior lateral interbody fusion (09/27/2010) chiropractic care, ESI (level and date unavailable), physical therapy, aquatic therapy, and pain medications. There was no documentation of functional outcome from previous treatments. Utilization review dated 09/10/2014 denied the request for Outpatient lumbar right L3-4 and L4/L5 transforaminal epidural steroid injection because there was no evidence of radicular pain on physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar right L3-4 and L4/L5 transforaminal epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. 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. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complained of low back pain radiating down anterolateral thigh with tingling sensation into the legs. Physical findings include intact neurologic evaluation of lower extremities. Patient's clinical manifestations were inconsistent with focal neurologic deficit to support presence of radiculopathy. CT scan and MRI of the lumbar spine results did not identify specific nerve compromise as well. Hence, physical findings and imaging studies do not provide evidence of radiculopathy to support ESI. Of note, previous ESI (level and date unavailable) was done with no documentation of functional outcome. The guidelines recommend documentation of at least 50% pain relief with associated reduction of medication use for six to eight week prior to repeat ESI. Furthermore, there was no documentation of functional outcome from previous treatment to indicate treatment failure. Lastly, the request failed to indicate if ESI will be done under fluoroscopic guidance per guidelines requirement. Therefore, the request for Outpatient lumbar right L3-4 and L4/L5 transforaminal epidural steroid injection is not medically necessary.