

<b>Case Number:</b>	CM14-0171083		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/21/1979
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 68-year-old male with an injury date of 05/21/1979. According to the 03/04/2014 progress report, the patient previously has had several epidural steroid injections (date of ESI not provided). He has ongoing bilateral right greater than left leg symptoms which in the past have all improved by at least 80% postoperatively. His relief lasts between 3 to 6 months. "Postoperatively, his lumbar flexion and extension range dramatically increased. He has consistently responded very well to injections in the lower lumbar spine." The patient also complains of having recurrent swelling of the right knee. The right knee has been operated on twice (no operation date or procedure provided). The request of epidural steroid injection was previously denied. The 10/01/2014 report states "the evaluator identified in the letter that I had documented, he obtained greater than 80% symptomatic and functional improvement after the last injections and yet because I did not document radicular findings, the injections were denied." The 10/01/2014 report continues to state that the patient had an MRI scan which was done 2 years ago and showed significant stenosis. The actual specific finding of this MRI was not provided nor was the exact date. "His back, buttocks, and leg pain complaints and standing and walking duration improved by 80% after the last set of epidural injections. Therefore, under his private insurance, I will set him up for repeat bilateral L4-L5 lumbar transforaminal epidural steroid injection." On examination, the patient does show limitations in lumbar flexion and extension with lower lumbar and sciatic notch tenderness. No further positive findings were provided. The patient's diagnoses include the following: spin stenosis, lumbar without claudication; sciatica; lumbosacral spondylosis; pain in joint involving pelvic region and thigh, antalgia; buttock and femur; lumbar or lumbosacral disk degeneration. The utilization review determination being challenged is dated 10/07/2014. Two treatment reports were provided from 03/04/2014 and 10/01/2014. The 10/01/2014 report states "the evaluator identified in the letter

that I had documented, he obtained greater than 80% symptomatic and functional improvement after the last injections and yet because I did not document radicular findings, the injections were denied." The 10/01/2014 report continues to state that the patient had an MRI scan which was done 2 years ago and showed significant stenosis. The actual specific finding of this MRI was not provided nor was the exact date. "His back, buttocks, and leg pain complaints and standing and walking duration improved by 80% after the last set of epidural injections. Therefore, under his private insurance, I will set him up for repeat bilateral L4-L5 lumbar transforaminal epidural steroid injection." On examination, the patient does show limitations in lumbar flexion and extension with lower lumbar and sciatic notch tenderness. No further positive findings were provided. The patient's diagnoses include the following: 1. Spin sten, lumbar without claudication. 2. Sciatica. 3. Lumbosacral spondylosis. 4. Pain in joint involving pelvic region and thigh, antalgia; buttock; femur. 5. Lumbar or lumbosacral disk degeneration. The utilization review determination being challenged is dated 10/07/2014. Two treatment reports were provided from 03/04/2014 and 10/01/2014.

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

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

#### **Bilateral L4-5 transforaminal epidural steroid injections: 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 ESI Page(s): 46-47.

**Decision rationale:** Based on the 10/01/2014 report, the patient previously had epidural injections where he obtained greater than 80% symptomatic and functional improvement after the last injections (date of ESI not provided). The request is for a bilateral L4-L5 transforaminal epidural steroid injection. In reference to an epidural injection, MTUS Guidelines states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." MTUS Guidelines pages 46 and 47 continue to state, "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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, it is unknown when this patient had his prior steroid epidural steroid injection. There is no documentation of reduction in medication or improvement in function. The treating physician has not provided any positive exam findings regarding the patient's lumbar spine. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Therefore, this request is not medically necessary. In this case, it is unknown when this patient had his prior steroid epidural steroid injection. There is no documentation of reduction in medication or improvement in function. The treater has not provided any positive exam findings regarding the patient's lumbar spine. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Recommendation is for denial.

