

<b>Case Number:</b>	CM14-0175740		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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:

The patient is a 24 years old female with date of injury 12/4/13. The treating physician report dated 10/7/14 indicates that the patient presents with pain affecting the lumbar spine, thoracic spine, buttocks and lateral thighs. The pain is a 7-8/10 without medications and a 2-3 with medications. The physical examination findings reveal intact sensations, normal reflexes, sciatic notches are pain free, S/I joints are tender, tenderness over the facets and increased pain with flexion and extension and positive straight leg raise. MRI of the lumbar spine dated 1/14/14 reveals spondylosis at L3-S1 with mild right neural foraminal narrowing at L3/4, disc protrusion at L4/5 with facet osteoarthritis and mild bilateral neural foraminal narrowing. The current diagnoses are: 1. Low back pain 2. Lumbar disc bulging 3. Lumbar facet pain and sacroiliac pain 4. Lumbar DDD 5. Myofascial pain 6. Possible lumbar radicular pain 7. Chronic pain syndrome. The utilization review report dated 10/14/14 denied the request for a transforaminal lumbar epidural steroid injection bilateral S1 under fluoroscopic guidance and conscious sedation based on the MTUS guidelines. 1. Low back pain 2. Lumbar disc bulging 3. Lumbar facet pain and sacroiliac pain 4. Lumbar DDD 5. Myofascial pain 6. Possible lumbar radicular pain 7. Chronic pain syndrome. The utilization review report dated 10/14/14 denied the request for a transforaminal lumbar epidural steroid injection bilateral S1 under fluoroscopic guidance and conscious sedation based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar Epidural Steroid Injection Bilateral S1 under Flourosopic guidance and conscious sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, 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 chronic lower back pain with pain into the buttocks and lateral thighs. The current request is for a Transforaminal Lumbar Epidural Steroid Injection Bilateral S1 under Flourosopic guidance and conscious sedation. The treating physician report dated 10/7/14 describes frustration in a recent denial for EMG/NCV testing and facet injections. The treater states that the reason the denial for the facet injections was made was because the patient has a positive straight leg raise and neuropathic pain. The treater goes on to state, "We do feel she would benefit from a lumbar ESI but have been unable to get a BLE EMG/NCV done to prove she does, indeed, have neuropathic pain. We will consider a selective nerve root block approach in order to maximize our success." The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case the treater has not clearly documented that the patient has radiculopathy. The pain is described as in the lateral thigh, but the "positive straight leg" raise does not document what leg was tested or at what degree radicular pain was noted or what dermatomal distribution was elicited in the test. Motor and sensory testing was normal. The MRI findings only state that there is a disc finding at L4/5 of protrusion and not at L5/S1 where the proposed injection is requested for the S1 nerve root. The medical records do not clearly show that the patient has a lumbar radiculopathy and there are no electrodiagnostic studies to corroborate that it is present in this patient. The request is not medically necessary.