

<b>Case Number:</b>	CM14-0181617		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 and Pain Medicine 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 34-year-old male who reported an injury on 09/09/2013 to his back due to unloading a semi trailer. Diagnoses were noted to include low back pain, lumbar degenerative disc disease, lumbar radiculitis, and lumbar disc herniation bulge. The documentation provided noted the injured worker's past treatments to include bed rest, time off work, over the counter medications, NSAIDs, prescription medication, physical therapy, and medial branch blocks with steroid, trigger point injections, a transforaminal epidural steroid injection to L3-4 and L4-5, and TENS. The documentation submitted for review noted the injured workers diagnostic studies to include an MRI of the lumbar spine in 10/2013 showed L4-5 mild facet hypertrophy with minor facet joint synovitis, a 1mm disc osteophyte complex, and foraminal stenosis on the left side, L5-S1 showed mild facet hypertrophy, a central and left paracentral disc perfusion, and mild to moderate neural foraminal stenosis, with the left greater than the right. On 06/03/2014, the injured worker received a transforaminal epidural steroid injection to right L3-4 and L4-5. The follow-up note dated 07/23/2014 stated the injured worker reported 50% to 60% improvement in the area of pain in which he received epidural steroid injections. On 10/01/2014, the injured worker complained of low back pain with radiating symptoms in bilateral legs and feet. Myotomal and dermatomal findings were not provided. The documentation noted the injured worker stated the epidural steroid injections and trigger point injections provided some relief. Radicular pain was noted to be present to the L4-5 and L5-6 levels with positive straight leg raise bilaterally. His medications were noted to include Zipsor potassium, Norco, and baclofen. The requesting physician noted the goal of the treatment was to decrease use of oral pain medications to decrease potential systemic side effects and prevent opioid tolerance. The treatment plan included recommendations that the injured worker start Gabapentin 300 mg and have a bilateral L4-5 and L5-6 transforaminal epidural steroid injection under fluoroscopic guidance for

radicular pain so that the injured worker could tolerate physical therapy. A Request for Authorization dated 10/01/2014 was included in the documentation submitted for review.

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

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

#### **Biulateral L4-L5 and L5-L6 transforaminal epidural steroid injection (ESI) under fluoroscopy guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

**Decision rationale:** The request for Bilateral L4-L5 and L5-L6 transforaminal epidural steroid injection (ESI) under fluoroscopy guidance is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Additionally, documentation should show that the injured worker was 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 documentation submitted for review stated that the injured worker had completed initially recommended conservative treatment, but continued to complain of radiating pain into his bilateral lower extremities. An MRI showed L4-5 mild facet hypertrophy with minor facet joint synovitis, a 1mm disc osteophyte complex, and foraminal stenosis on the left side, L5-S1 showed mild facet hypertrophy, a central and left paracentral disc perfusion, and mild to moderate neural foraminal stenosis, with the left greater than the right. Radicular pain was noted to be present to the L4-5 and L5-6 levels with positive straight leg raise bilaterally. . Myotomal and dermatomal findings were not provided. Therefore, the physical exam and diagnostic testing findings do not clearly corroborate radiculopathy. In addition, the documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. In summary, despite documentation showing persistent radiating symptoms despite conservative treatment, in the absence of clear corroboration of radiculopathy by physical exam findings and imaging study or electro diagnostic test results, and documentation showing a plan for active therapy following injection, the request is not supported. Therefore, based on the lack of documentation and the request not supported by the guidelines, the request for Bilateral L4-L5 and L5-L6 transforaminal epidural steroid injection (ESI) under fluoroscopy guidance is not medically necessary.