

<b>Case Number:</b>	CM14-0185145		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 39-year-old man who sustained a work-related injury on February 9, 2013. Subsequently, he developed chronic neck, and low back pain. MRI of the lumbar spine without contrast, dated June 27, 2013, showed multilevel degenerative disc disease of the lumbar spine, particularly pronounced at L4-5 and L5-S1. EMG/NCV study dated July 2, 2014 documented bilateral wrist carpal tunnel syndrome, lumbar spine with presence of neurogenic units in the left lateral gastrocnemius muscle suggestive of a probable chronic left L5-S1 radiculopathy, and decreased amplitude of the left posterior tibial II-reflex suggestive of a left S1 sensory root dysfunction. The patient underwent a transforaminal epidural steroid injection bilateral L4-S1 on April 15, 2014. The patient reported no overall improvement. According to a progress report dated October 15, 2014, the patient reported neck pain that radiates down bilateral upper extremities. He reported low back pain that radiates down the bilateral lower extremities. The patient pain was accompanied by numbness constantly in the bilateral lower extremities, tingling, and muscle weakness. The patient also complained of bilateral pain in the hands and feet. The patient rated his pain as a 9/10 with medications and 10/10 without medications. Cervical examination revealed no gross abnormality. There was tenderness noted upon palpation at the trapezius muscles bilaterally and bilateral paravertebral C4-7 area. The range of motion was limited with flexion 40 degrees, extension 40 degrees, rotation left 70 degrees and right 70 degrees. Sensory examination was intact to touch/pinprick in the bilateral upper extremities. Motor strength in the upper extremities was within normal limits. Deep tendon reflexes in the upper extremities were within normal limits bilaterally. Spurling's test was negative bilaterally. Tinel's sign was positive bilaterally. Inspection of the lumbar spine revealed tenderness upon palpation in the bilateral paravertebral area L3-S1 levels. Range of motion showed decreased flexion limited to 50 degrees due to pain, extension limited to 20 degrees due to pain, bending

left 10 degrees and bending right 10 degrees. Pain was significantly increased with flexion and extension. Motor exam was within normal limits in bilateral lower extremities. Straight leg raise in the seated position was positive bilaterally at 50 degrees. The patient was diagnosed with cervical radiculitis, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculitis, lumbar radiculopathy, and left knee pain. The provider requested authorization to repeat lumbar epidural injection.

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

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

#### **Repeat Lumbar Epidural Steroid Injection L5-S1, quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section; Epidural Steroid Injections (ESIs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, the patient did not have evidence of benefit from a previous epidural injection. There is no documentation of reduction of pain medications. Therefore, Repeat Lumbar Epidural Steroid Injection L5-S1 is not medically necessary.