

<b>Case Number:</b>	CM14-0031687		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 51-year-old male with a reported date of injury on 04/18/2011. The injury reportedly occurred when he was climbing a truck ladder to remove a piece of wood and the railing broke off and he began to fall backwards, and was able to hold on with his left arm and eventually jumped off the ladder experiencing low back pain, left shoulder pain, left elbow pain and left groin pain. His diagnoses were noticed to include status post a L5-S1 hemilaminotomy, foraminotomy and decompression performed on 08/24/2012 with residual left worse than right lower extremity radiculitis, left shoulder parascapular strain with a tendon impingement, tendonitis and bursitis and sleeping difficulties secondary to chronic pain and disability. His previous treatments include surgery, lumbar epidural steroid injections and acupuncture. An MRI dated 09/16/2013 of the lumbar spine reported at L5-S1 there is a 2 mm circumferential disc protrusion with abutment of the exiting right and left L5 nerve roots. A physical examination performed on 10/08/2013 reported tenderness to palpation over the paravertebral musculature and lumbar junction, straight leg raising test was positive in the bilateral lower extremities left greater than right, sensation is decreased over the L5 and S1 nerve root distribution. The physical examination dated 02/12/2014 reported a positive straight leg to the left thigh, range of motion to the lumbar spine was flexion was 42 degrees, extension was 14 degrees, right side bending 16 degrees and left side bending 14 degrees. The physical examination also reported tenderness to the paravertebral muscles and moderate spasming. The injured worker underwent a series of lumbar epidural steroid injections providing temporary benefit and recalled later undergoing additional lumbar epidural steroid injections, which provided no benefit and subsequently underwent low back surgery at the L5-S1 level. The Request for Authorization form was not submitted within the medical records. The request is for

a left L5-S1 transforaminal epidural steroid injection, the provider's rationale is not submitted within the medical records.

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

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

#### **LEFT L5- S1 TRANSFORMINAL EPIDURAL STEROID INJECTIONS: Upheld**

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

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

**Decision rationale:** The request for a left L5-S1 transforaminal epidural steroid injection is non-certified. The injured worker has received previous epidural injections with no benefit. The California Chronic Pain Medical Treatment Guidelines recommend epidural injections for treatment of radicular pain (defined as pain in dermatomal distribution with corroborated findings of radiculopathy). The guidelines state epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The guidelines criteria for these epidural steroid injections are radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical dependence, NSAIDs and muscle relaxants), and injections should be performed using fluoroscopy for guidance, no more than 2 nerve root levels should be injected using transforaminal blocks and 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 guideline recommendation of no more than 4 blocks per region per year. The documentation provided reported the injured worker underwent a series of lumbar epidural steroid injections providing temporary benefit and after undergoing additional lumbar steroid injections there was no benefit. There was a lack of documentation regarding 50% of pain relief as well as length of benefit for previous epidural steroid injections. Therefore, due to the lack of documentation, a transforaminal epidural steroid injection to the left L5-S1 is not medically appropriate at this time.