

<b>Case Number:</b>	CM14-0032940		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 46-year-old woman who sustained a work related injury on January 22, 2009. Subsequently, she developed shoulder and low back pain. Her MRI of the shoulder showed a supraspinatus injury and her MRI of the lumbar spine dated on June 24, 2009 showed a large left paracentral disc herniation at L5-S1 with 7 mm protrusion and degenerative disc desiccation. The Electro diagnostic studies performed in August of 2009 were normal but repeat electro diagnostic studies in December 2009 showed a chronic left S1 radiculopathy. Her treatment included chiropractic therapy, medications, epidurals, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and medication management. According to a note dated on March 13, 2014, her physical examination showed positive straight leg raise on left and reduced motor strength with dorsiflexion, planter flexion, extensor hallucis longus, hip extension, hip flexion, knee extension and knee flexion on left as compared to right lower extremity. The patient had a medial branch block on September 24 2013 with no benefit. The patient notes that she has had LESI in the past, the last being on February 26, 2013 that was much more beneficial than the medial branch injection. She notes that with the lumbar epidural steroid injections, she received over 70% pain relief that lasted for about 9 months. The patient was tried in the past on pain medications, physical therapy, chiropractic therapy, TENS unit without full control of the pain. The provider requested authorization for Bilateral Transforaminal LESI at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal LESI at L5-S1 (Lumbar myelography, lumbar epidurogam, IV sedation, Fluroscopic guidance, contrast dye): Upheld**

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

**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 a candidate for surgery. The provider reported that the patient had a 9 month improvement with previous epidural injection, but did not provide objective evidence of improvement in pain and function and any reduction in pain medications. Although the provider documented limited response to conservative therapies in the past, there is no recent documentation of failure of physical therapy and other conservative therapies. There is also no justification for IV sedation in this case. The patient had a left side weakness with left side lumbar disc bulging and there is no justification of bilateral injections. Therefore, Bilateral Transforaminal LESI at L5-S1 (Lumbar myelography, lumbar epidurogam, IV sedation, fluoroscopic guidance, contrast dye) is not medically necessary.