

<b>Case Number:</b>	CM14-0034295		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 and Ohio. 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 44-year-old female with a reported date of injury on 05/17/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar degenerative disc disease, spinal stenosis without neurogenic claudication, low back pain, sciatica, lumbar radiculopathy, and postlaminectomy syndrome to the lumbar region. Her previous treatments were noted to include medications, lifestyle modifications, injections, and physical therapy. The progress note dated 01/21/2014 revealed complaints of back pain described as pins and needles, throbbing, aching, and pressure. The symptoms were alleviated by medications and exacerbated by physical activities. The injured worker returned after receiving transforaminal epidural steroid injections L4-5 bilaterally, and reported 70% relief. The physical examination of the lumbar spine revealed improved range of motion that was slightly decreased, a positive straight leg raise on the left, and a negative Kemp's test bilaterally. The left ankle dorsiflexion strength (L4) is 4/5, which is improved, and sensation was decreased on the left L4 dermatome. The deep tendon reflexes were slightly blunted at 2 for the patellar reflexes, and she had a slight antalgic gait. Progress note dated 02/02/2014 indicated the epidural steroid injection had worn off. The injured worker complained of pain down the back of her left lower extremity to the lateral side of her foot. The provider reviewed the MRI, which noted the bulge at the L4-5 causing foraminal stenosis. There was also one at the L5-S1, which was causing foraminal stenosis on the left. Physical examination revealed left ankle dorsiflexion strength (L4) was 4/5, and sensation was decreased in the left L4 dermatome. The deep tendon reflexes were slightly blunted at 2, and there was a slight antalgic gait. The progress note dated 03/19/2014 revealed complaints of low back pain that radiated down the left leg. The physical examination revealed moderate tenderness at the left sciatic notch, with slightly decreased range of motion and positive straight leg raise. The strength and motor examination revealed left ankle

dorsiflexion strength (L4) was 4/5, left great toe extension strength (L5) was 5-/5. The sensation was decreased in the left L5 dermatome and decreased on the left L4 dermatome. The deep tendon reflexes were slightly blunted at 2 at the left patellar reflexes. The progress note dated 04/30/2014 revealed the injured worker returned after receiving a diagnostic epidural steroid injection to the L5-S1, and reported receiving 50% relief. The physical examination of the lumbar spine revealed moderate tenderness at the left sciatic notch with slightly decreased range of motion. The straight leg raise was positive on the left. The strength in motor examination revealed decreased sensation in the left L5 dermatome, and decreased on the left L4 dermatome. The left patellar reflexes were slightly blunted at 2. The provider indicated the diagnostic injection given at L5-S1 only gave 50% relief; however, the injection at L4-5 was strongly diagnostic, giving her 70% to 80% relief. The Request for Authorization form was not submitted within the medical records. The request was for a transforaminal epidural steroid injection at L5-S1; however, the provider's rationale was 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:

#### **Transforaminal Epidural Steroid Injection at L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for a transforaminal epidural steroid injection at L5-S1 is not medically necessary. The injured worker received a transforaminal epidural steroid injection to the L5-S1 with 50% relief. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for radicular pain (denied as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. A second block is not recommended if there an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 1 interlaminar level should be injected at 1 session. The injured worker's findings on physical examination are suggestive of L5-S1 radiculopathy. However, there is a lack of documentation regarding the previous epidural steroid injection at L5-S1 to warrant a repeat injection. Therefore, the request is not medically necessary.