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| <b>Case Number:</b>   | CM14-0037959 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 03/18/2002 |
| <b>Decision Date:</b> | 11/14/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/28/2014 |

### 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, has a subspecialty in Interventional Spine, 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 patient is a 51-year-old male with date of injury of 3/18/02. The listed diagnosis per [REDACTED] [REDACTED] are left L1-L2 facet disease, degenerative hip disease, and severe central stenosis at L4-L5 with L4-L5 canal stenosis. According to this report, the patient complains of low back pain. The patient states he is only receiving 10% pain relief from his narcotic medications. He reports falling at home and greatly exacerbated back and leg pain; he feels his pain is now excruciating. He states he saw [REDACTED] and had a new lumbar MRI done which showed severe L4-L5 spinal stenosis and severe right side L4-L5 foraminal stenosis. He continues to complain of mostly right leg pain with new numbness in the first three toes. His VAS pain score on that date of exam is 10/10. The patient is having low back spasms and is very tender there today. He has marked piriformis tenderness. Gross examination of the patient's lower extremity revealed that the patient has impaired sensory function of the right in the L5 distribution. The patient complains of only right leg pain in the same distribution. The patient reports no sensation of hypersensitivity or dysesthesia in his legs or feet. His left knee is minimally swollen. The patient was noted to have a positive straight leg raise on the right.

### 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 right Lumbar 4-Lumbar 5:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections (ESIs) for the treatment of radicular pain. No more than two nerve root level should be injected using transforaminal blocks. The MRI of the lumbar spine dated 1/17/14 shows moderate to severe spinal stenosis at L4-L5 secondary to disk bulging and facet disease. There is also moderate to severe foraminal narrowing on the right at L4-L5, and moderate narrowing on the left at L3-L4 and L2-L3. The utilization review documents that the patient underwent an epidural steroid injection at L5 on 11/7/06 with only one week of pain relief. The patient then underwent a repeat L5 ESI on 11/10/10 with complete temporary pain relief lasting about 1.5 weeks. In this case, although the patient has had poor success with prior injections, the patient has a new MRI showing severe central and right foraminal stenosis at L4-5 with severe right leg symptoms. Examination also supports right L5 root problem. Given the change in the patient's clinical presentation, a repeat trial of one injection would appear reasonable. As such, the request is medically necessary.