

<b>Case Number:</b>	CM14-0040801		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 46 year old male with an injury of date of 1/18/12. According to the 3/14/14 progress note the patient was being treated for low back pain. The exact mechanism of injury has not been described. He stated improvement was experienced with recent injections. Objective: Upon physical exam, there was mildly decreased dorsiflexion bilaterally and a positive bilateral seated straight leg raise. A MRI dated 1/17/14 showed bulging throughout the lumbar spine with bilateral foraminal narrowing from L2-3 through L5-S1. Diagnostic Impression: Spondylolisthesis, Lumbar Radiculopathy. Treatment-to-date: Chiropractic, Acupuncture, Medication, Injections A UR decision dated 3/20/14 denied the request for 1 Transforaminal epidural injection at Right L4/L5 and L5/S1. Although the patient had 60 - 65% improvement in pain, due to the fact that there was no evidence of a decrease in the need of medication and according to the progress note on 3/14/14, showed decreased strength compared to the report prior to his injection the request is recommended non certified. Furthermore the California Chronic Pain Medical Treatment Guideline recommend no more than 2 injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) transforaminal epidural injection at RT L4/5 and L5/S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural Steroid injections (ESI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. A MRI dated 1/17/14 showed bulging throughout the lumbar spine with bilateral foraminal narrowing from L2-3 through L5-S1. Although it was documented in a progress note dated 3/14/14, 70% relief post Left L4-5 and L5-S1 TFLESI on 2/17/14, patient did not have the same results for a Right L4-5 and L5-S1 transforaminal epidural steroid (TES) injection placed on 5/16/14. On a progress note dated 7/2/14 continued to complain of pain, achy, dull, stiff bilaterally radiating to bilateral legs with numbness and tingling intermittent post injection. Patient was not documented to have failed conservative management, and did have relief with chiropractic care, massage and traction. Additionally, there was no documentation supporting 50 to 70% pain relief with a reduction of medication use for a minimum of 6 weeks post injection. Therefore, the request for 1 Transforaminal Epidural Injection to the right L4/5 and L5/S1 was not medically necessary.