

<b>Case Number:</b>	CM14-0044811		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/28/2014
<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 is licensed to practice in Illinois. 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 52-year-old female with a reported date of injury on 04/29/2009. The injury reportedly occurred while the worker was performing her duties as a social worker. The injured worker presented with neck pain rated at 5/10, bilateral shoulder pain rated at 7/10 and right elbow pain. In addition, the injured worker indicated the low back pain was rated at 7/10 and radiated into both legs and toes. According to the clinical documentation provided for review, the lumbar x-ray dated 10/18/2012 revealed mild osteophyte lumbar formation in the lower lumbar spine. In addition, the injured worker underwent a lumbar epidural steroid injection on 10/24/2012, the results of which were not provided within the documentation available for review. The clinical documentation also indicated that on 09/20/2013 the injured worker underwent lumbar epidural steroid injection and continued to have pain after 2 days. The injured worker underwent a transforaminal lumbar epidural steroid injection on 03/06/2013, the results of which were not provided within the documentation available for review. The examination of the lumbosacral spine, revealed tenderness to palpation, the range of motion revealed flexion to 28 degrees, extension to 11 degrees, right and lateral flexion to 16 degrees, and positive straight leg raise bilaterally. The MRI to of the lumbar spine dated 10/28/2013 revealed T12 through T1 with 2.4 mm disc protrusion, L2-3 with 2.4 mm right disc protrusion, L3-4 with 3.8 mm broad-based disc protrusion, L4-5 with 2.3 mm broad-based disc protrusion, L5-S1 grade 1 degenerative spondylolisthesis and T11 through T12 with 2.4 mm disc protrusion and no other significant findings were noted. The injured worker's diagnoses included status post cervical spine fusion, early osteoarthritis of the right shoulder, left shoulder bursitis, moderate to severe bilateral carpal tunnel syndrome, complaints of low back pain, bilateral upper extremity pain, bursitis in the right hip, and left ankle sprain. According to the documentation available for review, the injured worker's medication regimen included NSAIDS and narcotic

pain medication. Request for Authorization for bilateral L4-5 transforaminal epidural steroid injection (TFESI) was not submitted. The rationale for the request was not provided within the documentation available for review.

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

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

#### **Bilateral L4-L5 tranforminal epidural injection (TFESI): 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 Injections Page(s): 46..

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced within the first injection. 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. The criteria for use of epidural steroid injections should include documentation of radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, injections should be performed under fluoroscopy per guidance. In addition, repeat blocks should be based on continued objective documented pain and functional improvements, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical information provided for review lacks documentation of the injured worker's previous physical therapy or conservative care. According to the clinical documentation, radiculopathy was not corroborated by imaging studies and/or electrodiagnostic testing. The clinical information indicates the injured worker has undergone multiple epidural steroid injections, the results of which were not provided within the documentation available for review. In addition, the request as submitted failed to provide the use of fluoroscopy for guidance with the injections. Therefore, the request for bilateral L4-5 transforaminal epidural steroid injection (TFESI) is not medically necessary.