

<b>Case Number:</b>	CM14-0049537		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female with a work injury dated 3/23/10. The diagnoses include lumbar disc displacement without myelopathy; pain in joint lower leg pain in joint shoulder, lumbar degenerative disc disease, major depression, post traumatic stress disorder, lumbar post laminectomy syndrome. Patient had lumbar surgery on 7/6/12. Under consideration is a request for right transforaminal lumbar epidural steroid injection at L5-S1, lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye. On 03/12/2014 that patient was noted to have chronic low back pain which radiated down the right lower extremity with numbness and tingling into the foot and weakness of the lower extremity. The physical exam revealed an antalgic gait and ambulation with a cane. There was tenderness on palpation of the lumbosacral junction; decreased range of motion of the lumbar spine, decreased sensation to light touch, positive straight leg raise at 50 degrees at the right lower extremity; decreased motor strength of 4 out of 5 with right foot dorsiflexion and right leg extension compared to the left lower extremity. The treatment plan included continuing medication, right transforaminal lumbar epidural steroid injection at L5 to S1, lumbar myelography, lumbar epidurogram with sedation, fluoroscopic guidance and contrast dye. On 04/04/2014 the treating physician noted that the patient complained of low back pain radiating down to the right lower extremity with associated numbness and tingling down to the foot and weakness in the lower extremity. Physical examination revealed tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased in the lumbar spine. Sensations were decreased to light touch along the right lower extremity compared to the left lower extremity. Straight leg raise was positive at about 50% at the right lower extremity. Motor strength was decreased to 4/5 with right foot dorsiflexion and right leg extension compared to the left lower extremity. There was weakness

on plantar flexion. The recommendation was for right transforaminal lumbar epidural steroid injection at L5 to S1 with lumbar myelography, lumbar epidurogram, with sedation, fluoroscopic guidance and contrast dye. MRI of the lumbar spine without contrast done on 01/11/2012 revealed I. No change from the prior examination. 2. Disk degeneration at L5-S1 with a broad-based right foraminal disk protrusion and associated degenerative spurring. 3. Moderate right foraminal narrowing is unchanged along with mild lateral recess narrowing. Please note at L4-5 a 2 mm disk bulge is present with mild facet arthrosis but the central canal and foramina are patent. There is no change. EMG of the bilateral lower extremities done on 02/15/2011 revealed there were findings suggestive of a right L4-5 lumbar radiculopathy. There were fibrillations in the right lumbar paraspinal muscles and findings of chronic denervation changes in a single muscle in the right L4-5 myotome to suggest a diagnosis of chronic right L4-5 lumbar radiculopathy without acute axonal denervation. These findings were consistent with neurological examination. Right S1 radiculopathy was less likely, H reflexes were symmetric and within normal limits. A 1/15/14 document states that she is currently awaiting authorization-for a lumbar epidural steroid injection, which was initially denied and has been sent to IMR. Once she undergoes lumbar epidural steroid injection -she needs to have CT scan of her lumbar spine for consideration-of further surgery. If surgery does not adequately relieve her pain, the spinal cord stimulator might be indicated.

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

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

#### **Right Transforaminal lumbar epidural steroid injection at L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

**Decision rationale:** A right transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that for diagnostic injections a second block is not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement. The documentation indicates that the patient was denied a right transforaminal lumbar epidural steroid injection at L5-S1 on a 3/12/14. A 4/15/14 utilization review certified a right transforaminal lumbar epidural steroid injection at L4-S1 with IV sedation, contrast dye, epidurography, fluoroscopy. The request for a right transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary as this would be redundant. A subsequent 4/15/14 review approved a lumbar epidural steroid injection and without evidence of efficacy of this procedure the patient may not require an additional injection. Furthermore, without medical necessity of the right transforaminal lumbar epidural steroid injection at L5-S1 the requests for lumbar myelography, lumbar epidurogram, contrast dye, IV sedation, fluoroscopy guidance are not medically necessary.

**Lumbar myelography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

**Decision rationale:** Lumbar myelography is not medically necessary as the request for a right transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary.

**Lumbar epiurogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

**Decision rationale:** Lumbar epidurogram is not medically necessary as the request for a right transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary.

**IV sedation:** 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 (ESIs) Page(s): 45.

**Decision rationale:** IV sedation is not medically necessary as the request for a right transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary.

**Fluroscopy guidance:** 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 (ESIs) Page(s): 45.

**Decision rationale:** Flouroscopey guidance is not medically necessary as the request for a right transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary.

**Contrast dye:** 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 (ESIs) Page(s): 45.

**Decision rationale:** Contrast dye is not medically necessary as the request for a right transforaminal lumbar epidural steroid injection at L5-S1 is not medically necessary.