

<b>Case Number:</b>	CM14-0057450		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/16/1998
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 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:

The patient is a 58-year-old female who has submitted a claim for lumbar post laminectomy syndrome, lumbago, and lumbosacral neuritis associated with an industrial injury date of 02/16/1998. Medical records from 02/04/2014 to 08/19/2014 were reviewed and showed that patient complained of low back pain graded 8/10 with bilateral lower extremity symptoms. Physical examination revealed limp gait and very limited range of motion (ROM) with flexion and extension due to moderate to severe pain. Deep tendon reflex (DTR) was decreased with left patellar and ankle reflex. Manual muscle testing (MMT) of left lower extremity was slightly decreased compared to right lower extremity. MRI of the lumbar spine dated 09/2013 revealed postoperative changes status post L5 decompressive laminectomy and L5-S1 instrumented interbody fusion, mild left foraminal compromise at L4-5 grade 1 degenerative retrolisthesis with borderline spinal stenosis, and bilateral mild foraminal and lateral recess compromise, and no neural compression. Treatment to date has included L5 decompressive laminectomy and L5-S1 instrumented interbody fusion (date not made available), toradol injection (03/24/2014), and pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient complained of low back pain graded 8/10 with bilateral lower extremity symptoms. Physical examination revealed weakness and hyporeflexia of the left lower extremity. MRI of the lumbar spine dated 09/2013 revealed mild left foraminal compromise at L4-5 grade 1 degenerative retrolisthesis with borderline spinal stenosis, and bilateral mild foraminal and lateral recess compromise. No neural compression or impingement was evident. There was also no documentation concerning failure of conservative care, such as response to Toradol injection. The patient did not meet the criteria for ESI based on the available medical records. Therefore, the request for outpatient left transforaminal epidural steroid injection is not medically necessary.