Case Number:	CM14-0057658		
Date Assigned:	07/09/2014	**Date of Injury:**	08/20/2012
Decision Date:	09/03/2014	**UR Denial Date:**	04/23/2014
Priority:	Standard	**Application Received:**	04/28/2014

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 Internal Medicine 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:

Patient is an injured worker lumbar back complaints. Date of injury was 08-20-2012. Progress report dated February 27, 2014 documented subjective complaints of low back pain, left leg pain numbness and weakness, and left foot pain. The patient sustained injury during the course of her work on 8/20/12 as she was bending down to put some shoes away in the stockroom and felt a sharp pain in the lower back. Subsequently, she started experiencing significant left lower extremity pain, numbness and weakness. The patient has left back and hip pain posteriorly and thigh pain. Treatments to date included anti-inflammatory medication, physical therapy, modification of activities, pain medications, pain management. Physical examination was documented. Gait was normal. Lumbar lordosis was observed. Pain to palpation in the lumbar spine. Palpable paraspinal muscle spasms. Range of motion was limited secondary to pain. Flexion was 50% of normal. Extension was 20% of normal. Side to side bending was 50% of normal, left and right. Motor strength demonstrated 4/5 left quadriceps and extensor hallucis longus. Otherwise, 5/5 proximally and distally. Sensation is slightly diminished in the left thigh as well as left foot area. Otherwise intact bilaterally. Deep tendon reflexes demonstrated 1+ left knee. Otherwise, 2+ for right knee and equivocal Achilles reflexes. Straight leg raising on the left side is positive. Extension at 90 degrees causes pain radiating into the left thigh and left foot area. Negative on the right side. MRI of the lumbar spine 10/29/12 demonstrates a grade 1 to 2 spondylolisthesis at L3-4. Disc herniation with annular tear at L4-5. Mild disc protrusion at L4-5 and L5-S1. X-rays showed grade 1 to 2 spondylolisthesis at L3-4. L4 anterior/superior avulsion fragment with well-rounded edges. Flexion-extension x-rays showed borderline in stability. EMG and nerve conduction studies are reviewed demonstrating that there is no radiculopathy. Diagnoses were spondylolisthesis at L3-4, grade 1 to 2; borderline instability at L3-4; disc protrusions at multiple levels, worse at L3-4 and to a lesser extent at L4-5 and L5-S1; left thigh

radiculopathy/radiculitis likely as a result of the spondylolisthesis at L3-4. Treatment plan included medications, Norco 10/325, Gabapentin, interferential therapy. L4-L5 and L5-S1 transforaminal epidural steroid injection with fluoroscopy was requested. Utilization review decision date was 04-23-2014. The utilization review noted that EMG/NCS performed on 5/6/13 showed unremarkable findings in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopy between: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3002,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Progress report dated February 27, 2014 documented that EMG and nerve conduction studies demonstrated that there is no radiculopathy. EMG/NCS performed on 5/6/13 showed unremarkable findings in the lower extremities. Radiculopathy was not corroborated by electrodiagnostic testing. Progress report dated February 27, 2014 documented that the left thigh radiculopathy/radiculitis is likely as a result of the spondylolisthesis at L3-L4, which is different than the levels requested. L4-L5 and L5-S1 transforaminal epidural steroid injection with fluoroscopy was requested. Electrodiagnostic studies and the physician's diagnostic impression do not support the medical necessity of L4-L5 and L5-S1 epidural steroid injections. Therefore, the request for L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopy between 4/21/2014 and 6/5/2014 is Not medically necessary.