

<b>Case Number:</b>	CM14-0064967		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Pain 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:

The injured worker is a 61-year-old female who reported an injury on 08/23/2013 due to a heavy lift. The injured worker was diagnosed with spinal stenosis of the lumbar region, lumbosacral strain, lumbar radiculopathy, spinal stenosis of the lumbar region with neurogenic claudication, and degeneration of intervertebral disc site unspecified. Prior treatment included 12 physical therapy sessions, chiropractic care and medications. It was noted the injured worker had also received 3 lumbar epidural steroid injections which provided temporary relief; however, these were provided for a prior injury. Prior diagnostic studies include an MRI of the lumbar spine which reportedly revealed degenerative hypertrophy which extended into the neural foramina causing moderate bilateral foraminal stenosis and obliteration of the perineural fat at L4-L5; however, the official report was not provided for review. On 05/05/2014, the injured worker was examined. It was noted the straight leg raise test was negative and femoral stretch test was negative. There was no weakness noted; however, the heel walk produced some difficulties. The physician noted lumbar flexion was normal; however, extension was decreased. Sensation to touch was normal at L1 to S1. Motor function was normal in the hip flexors, knee flexors, ankle dorsiflexors, long toe extensors, and ankle plantar flexors. Reflexes were intact and symmetrical in the knee and ankle. During this visit, the injured worker's pain level and areas affected by pain were not documented. The injured worker's medications included Cymbalta, meloxicam 7.5 mg, baclofen, meloxicam 15 mg, tramadol, hydrocodone, prednisone, Naprosyn, Vicodin, and carisoprodol. The physician's treatment plan was to continue to appeal a request for a left L4-5 epidural steroid injection as well as have the injured worker continue with pain medications. The physician's rationale was for the injured worker to undergo a diagnostic lumbar epidural steroid injection to determine if the left L4-L5 foraminal stenosis was her pain generator. The request for authorization form was not provided for review with these documents.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Outpatient lumbar transforaminal epidural steroid injection (ESI) left L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injection (ESIs) Radiculopathy. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)".

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

**Decision rationale:** The request for and Outpatient lumbar transforaminal epidural steroid injection (ESI) left L4-5 is not medically necessary. California MTUS Guidelines for criteria for the use of epidural steroid injections note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatments and injections should be performed using fluoroscopy for guidance. The physician reports objective findings of radiculopathy to the lumbar region. However, her exam on 05/05/2014 noted the straight leg raise test was negative bilaterally, 5/5 strength in the bilateral lower extremities, deep tendon reflexes were normal in the bilateral lower extremities and sensation was intact to touch in the L2-S1 distribution; however it was noted the injured worker had decreased sensation to light touch in the left dorsal foot. The physician refers to a lumbar MRI exam noting degenerative hypertrophy which is extending into the neural foramina causing moderate bilateral foraminal stenosis and obliteration of the perineural fat at L4-5; however the official report was not submitted for review and does not support evidence of nerve root involvement to meet guideline criteria. Therefore, the request for and Outpatient lumbar transforaminal epidural steroid injection (ESI) left L4-5 is not medically necessary.