

<b>Case Number:</b>	CM14-0069020		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/18/2005
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 52 year old female with a date of injury of March 18, 2005. Records dated April 16, 2009 indicate that the injured worker underwent magnetic resonance imaging of the lumbar spine without contrast. Findings revealed (a) mild bilateral recess stenosis at the L1-L2 and L2-L3 levels without evidence of impingement on the thecal sac or nerve roots at these levels; (b) moderate bilateral recess stenosis at the L3-L4 level without evidence of impingement on the thecal sac or nerve roots; (c) desiccated moderate L4-L5 degenerative disc disease with severe right and moderately severe left lateral recess stenosis results in impingement on both L5 nerve roots which is more prominent on the right than the left; (d) moderate right and moderately severe left lateral recess stenosis at the L5-S1 level with slight impingement on the left S1 nerve root. Operative notes dated September 9, 2011 document that she underwent right lumbar medial branch blocks at L4-L5 and the L5-S1 facet joints on the right side only. Branch blocks were performed at L3-L4, L4-L5, L5-S1 and S1 to treat the L4-L5 and L5-S1 facet joint. On October 17, 2011, the injured worker underwent radiofrequency medial branch neurotomy. The most recent records dated April 14, 2014 document that the injured worker continued to have increasing pain in her low back with radicular symptoms. The pain was rated at 6/10. She reported that her previous epidural steroid injection provided 60% pain relief for three to four months. Objectively, range of motion was mildly decreased in the lumbar spine with extension and lateral flexion, due to pain. Moderate tenderness was noted over the lumbosacral spine and paraspinals with paralumbar muscle tightness, which was worse on the right than the left. Right hip range of motion was limited with tenderness over the sacroiliac joint and gluteal area on the right. Sensory examination was mildly decreased in the right L5 distribution. Straight leg raising test and Patrick Fabere test were positive on the right. She is diagnosed with (a) chronic pain syndrome; (b) lumbago; (c) spinal stenosis lumbar at L4-5 and

L5-S1; (d) lumbosacral neuritis not otherwise specified; and (e) sprain sacroiliac not otherwise specified right.

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

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

#### **Injection Foramen Epidural to Lumbar Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 1-127, 46.

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

**Decision rationale:** Based on the records received, the previous epidural steroid injection provided 60% pain relief for about 3-4 months. This meets the requirement of evidence-based guidelines, which indicates that repeat blocks are based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Therefore, the request is considered medically necessary. The treating physician failed to mention that prior epidural steroid injections provided 60% relief for 3-4 months. Also, the physician determined that there is no radiculopathy present. However, recent notes indicate that this is otherwise and provocative tests were positive signifying radiculopathy. The request for an Injection Foramen Epidural to Lumbar Spine is medically necessary.