

<b>Case Number:</b>	CM14-0069987		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Occupational 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 patient is a 50-year-old male who has submitted a claim for lumbar facet syndrome, lumbar radiculopathy, and spinal/lumbar degenerative disc disease, associated with an industrial injury date of 11/12/2009. Medical records from 2009 to 2014 were reviewed and showed that patient complained of low back and mid back pain, graded 4/10, with radiation to the left leg. The pain is associated with numbness and tingling. Physical examination showed scoliosis and pelvic obliquity. Range of motion was restricted by pain. Tenderness was noted on the left paralumbar muscles, and over the spinous processes of L4 and L5. Lumbar facet loading was positive on the left. Tenderness was noted over the right piriformis with radicular pain to the posterior left thigh. Straight leg raise test was positive on the left. DTRs were decreased in the bilateral lower extremities. Motor testing showed weakness in the left EHL, ankle dorsiflexion, plantar flexion, and hip flexion. Sensation was normal. MRI of the lumbar spine, dated 01/28/2014, showed moderate severe right and moderate left neural foraminal narrowing at the level of L4-L5, and mild proximal right neural foraminal narrowing at the level of L5-S1. Treatment to date has included medications, chiropractic therapy, physical therapy, and epidural steroid injection. Utilization review, dated 05/08/2014, denied the request for epidural steroid injection because there was lack of documentation of pain in a dermatomal pattern corroborating with imaging studies, and lack of sustained relief and medication reduction with prior ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Fluoroscopically-guided bilateral L4-L5 and bilateral L5-S1 Transforaminal Epidural Steroid Injection; Epidurograph S & 1x2; Moderate Sedation between 5/6/2014 and 7/5/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite conservative therapy as stated above. On physical exam, weakness and hyporeflexia of the lower extremities were noted. MRI of the lumbar spine, dated 01/28/2014, showed moderate severe right and moderate left neural foraminal narrowing at the level of L4-L5, and mild proximal right neural foraminal narrowing at the level of L5-S1. The patient has had two previous ESIs, the latest in 2011, which provided excellent pain relief. However, the medical records failed to indicate the percentage of pain relief as well as objective evidence of functional improvement or reduction in medication intake. The criteria for ESI have not been met therefore, the request for 1 fluoroscopically guided bilateral l4-l5 and bilateral l5-s1 transforaminal epidural steroid injection; epidurograph s & 1x2; moderate sedation between 5/6/2014 and 7/5/2014 is not medically necessary.