

<b>Case Number:</b>	CM14-0070883		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 is licensed to practice in Alabama. 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 51-year-old male sustained injury on 11/03/1998. The mechanism of injury was not reviewed. Treatment history includes physical therapy, medications, lumbar ESIs, and exercise. MRI dated 02/19/2008 showed mild disc degenerative changes at L4-5 and L5-S1. At L5-S1, there was 3 to 4 mm broad-based disc bulge that contact the traversing S1 nerve roots with mild facet hypertrophy bilaterally. The disc bulge extends into both neural foraminal spaces causing mild caudal narrowing of the right neural foramen and left neural foramen is patent. MRI dated 10/08/2008 showed mild interval reduction of a left sided herniation at the level of the neural foramen at the L4-5 disc level that appears to be impression upon the left L4 root sleeve at the level of the neural foramen. At L5-S1, no abnormal masses are identified posterior to the L5 vertebral body. MRI dated 12/29/2013 showed at L5-S1, there is a diffuse disc bulge which measures up to 4 mm, asymmetric to the right paracentral/foraminal region. Mild to moderate facet arthropathy. No significant central canal narrowing. Slight narrowing of the lateral recesses, and there is mild-to-moderate foraminal narrowing on the right. No significant foraminal narrowing on the left. A progress report dated 04/10/2014 indicates that the patient had significant benefit/relief of approximately 75% after the performance of lumbar ESI done around 3 months ago. His legs pain improved and he had the ability to ambulate better. The patient has worsening muscle spasms today. Toradol intramuscular injection has helped the patient previously. On physical exam, positive tenderness on palpation of the lumbar paravertebral muscles L3-S1. He has decreased flexion and extension maneuver, both are limited to less than 10 degrees. Positive SLR at 15 degrees of bilateral lower extremities. Diagnoses are lumbar radiculopathy and lumbar DDD. Lumbar Facet joint disease. The patient was recommended for L5-S1 bilateral transforaminal ESI since he had improved function as evidenced by decreased use of medications (Norco), able to stand longer, and lumbar MRI

showed foraminal narrowing of L5-S1 (right greater than left), as well as facet arthropathy and DDD. UR report dated 04/18/2014 indicates the request for bilateral L5-S1 transforaminal ESI is non-certified because due to lack of corroborative findings on MRI of L5-S1 disc affecting the S1 nerve root or clinical objective findings of S1 nerve root involvement.

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

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

**Retrospective 1 bilateral L5-S1 transforaminal epidural injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back>, Epidural steroid injection (ESIs), therapeutic.

**Decision rationale:** The CA MTUS recommends the use of Epidural Steroid injections for/as the treatment of radicular pain. The approach varies from the Interlaminar to the Transforaminal approach depending on the nature and MRI findings. The medical records document that the patient has a clear radicular pain pattern and MRI imaging to support the clinical findings. Further, the documents show that the patient has benefited in the past from the Epidural Steroid injections. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.