

<b>Case Number:</b>	CM14-0092725		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/10/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 50-year-old male who reported an injury on 06/10/2004. The mechanism of injury is a fall. The injured worker diagnoses were lumbar degenerative disease, lumbosacral radiculopathy, chronic low back pain, and bilateral peroneal neuropathies. The injured worker attended a functional restoration program for a 8 week course that recommended further physical therapy. The injured worker underwent an epidural injection of the L5-S1 with a notation documented of 50% reduction in the injured worker's back pain that lasted 4 to 5 months. The injured worker underwent a lumbar epidural injection at L3-4 level in early 08/2013, although he failed to benefit from it. The injured worker underwent repeat bilateral peroneal blocks on 04/10/2014. The injured worker stated that the pain in his leg improved with the procedure. The injured worker also had a failed trial of Lyrica. The injured worker's prior diagnostics include an x-ray on 01/14/2014 of the lumbar spine and a CT scan of the lumbar spine on 05/31/2012 that demonstrating postoperative changes including anterior and posterior fusion at L4-5 and mild degenerative changes at L3-4. Electrodiagnostic studies were performed on 01/03/2012 with impression of evidence shown consistent with chronic L5 radiculopathy and chronic peroneal mononeuropathy. Surgical history includes a lumbar decompression and fusion of the L3-4 and a posterior decompression at L3-4 and a removal of the L4-5 rods with placement of an L3 screw bilaterally dated 04/11/2013. The injured worker underwent surgery on 05/16/2011 for anterior and posterior L4-5 fusion. The injured worker complained of back pain. On the physical examination dated 05/12/2014, the lumbar spine there was and there was slight swelling in the bilateral lower extremities from about the mid-calf down. The injured worker had 2/5 motor testing at the bilateral ankles and feet, 3-/5 motor testing with right knee extension and 4-/5 motor testing with left knee extension. Hip flexion was 4/5 bilaterally. The injured worker's medications were Neurontin 800 mg, Wellbutrin XL 150 mg, Cymbalta 60 mg, Robaxin 500 mg,

Motrin 800 mg, Ambien 10 mg, and a Lidoderm patch. The provider's treatment plan was for repeat epidural injection at L5-S1. The rationale for the request was the previous injection in 12/2013 documented a 50% reduction in the injured worker's back pain lasting for approximately 4 to 5 months. The request for authorization form was not provided with the documentation submitted for review.

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

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

#### **1 transforaminal epidural steroid injection bilaterally at L5-S1: Upheld**

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

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

**Decision rationale:** The request for 1 transforaminal epidural steroid injection bilaterally at L5-S1 is not medically necessary. According to the California MTUS Guidelines, they recommend epidural injections for injured workers with radiculopathy documented on a physical examination and corroborated on an MRI. The Guidelines also recommend that injured workers be initially unresponsive to conservative care. There is a lack of documentation of radiculopathy on the most recent physical examination. Although the injured worker was noted to have decreased strength, this was not isolated to one dermatomal distribution that correlates the the requested level. There is no evidence of neurological deficit. In addition, there is no documentation of conservative care directed towards the lumbar spine. There is no mention of physical therapy management. The Guidelines also state that a second epidural steroid injection is not recommended unless there is adequate response to the first one. There is documentation of a previous epidural steroid injection bilaterally of the L5-S1 documented with the injured worker noting that there was a 50% reduction in his back pain which lasted 4 to 5 months. However, there is lack of documentation of the decrease in oral pain medication and increase in objective functional improvement. The guidelines have not been met. As such, the request is not medically necessary.