

<b>Case Number:</b>	CM14-0161027		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	11/17/2003
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old male, who sustained an industrial injury on 11/17/03. The injured worker has complaints of low back and left buttock pain with numbness and achiness in his left buttock and groin. The documentation noted that the injured worker reports urinary and bowel urgency. The diagnoses have included left sacroiliitis and status post L4-S1 fusion in 2004. Treatment to date has included sacroiliac joint injection on 27/13 that only helped temporarily; status post lumbar fusion at L4-S1 and medications. Magnetic Resonance Imaging (MRI) on the lumbar spine on 12/21/13 impression noted that extensive post-operative changes with degenerative disc disease, facet arthropathy, and retrolisthesis, L2-3 and L4-5, and Grade 1 anterolisthesis L5-S1 and neural foraminal narrowing includes L2-3 and mild-to-moderate left, mild right, L3-4, mild-to-moderate left. Magnetic Resonance Imaging (MRI) of the pelvis on 12/21/13 impression notes post-operative changes, lumbar spine and right greater than left hip degenerative spurring with probable right acetabular labral tear noted. Computed Tomography (CT) scan of the lumbar spine 4/29/14 showed degenerative disc disease and facet arthropathy at L2-3 and L4-5; moderate foraminal stenosis bilaterally at L2-3; mild foraminal stenosis bilaterally at L3-4; moderate to severe foraminal stenosis at left L4-5; severe foraminal stenosis at right L4-5; severe foraminal stenosis at bilaterally L5-S1 and mild central stenosis at L2-3. According to the utilization review performed on 9/9/14, the requested TFESI of bilateral L2-3 (L2 nerve root) and L3-4 (L3 nerve root) has been non-certified. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, Epidural Injections, page 46 were used in the utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TFESI of bilateral L2-3 (L2 nerve root) and L3-4 (L3 nerve root):** Overturned

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed 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 medications use for six to eight weeks. The medical records do not indicate that the injured worker has had prior ESI. History is significant for low back and left buttock pain with radiation to left lower extremity to just below the left knee. Physical exam is significant for decreased sensation at left L2, L3, L4, L5, and S1 dermatomes, 4/5 strength in left lower extremity, and positive straight leg raise on the left and negative on the right. The history and exam does not indicate that there is bilateral L2 and L3 nerve root radiculopathy. The request for TFESI of bilateral L2-3 (L2 nerve root) and L3-4 (L3 nerve root) is determined to not be medically necessary.