

<b>Case Number:</b>	CM14-0196360		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Interventional Spine 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 38-year-old female with an injury date of 07/07/09. Based on the 10/07/14 progress report, the patient complains of low back pain rated 10/10 radiating to the lower buttocks with numbness, burning and weakness in both legs, worse on the right. She is unable to drive. Pain improves to 5/10 with medications. Physical examination to the lumbar spine on 10/07/14 revealed tenderness to palpation and paravertebral muscle spasms. Positive straight leg raise test bilaterally. Patient takes Oxycodone. Urine toxicology screening shows no inconsistencies and there are no side effect complaints. There was a previous epidural L5-S1 on right side 11/27/12 per treater report of 04/03/14, with the procedure tolerated well. MRI Lumbar Spine 05/18/11, per treater report dated 04/03/14- L4-5 disc dessication- 3 mm central to left lateral disk protrusion with annular tear- Mild narrowing of the left neural foramen- L5-S1 disk dessication- Broad disk protrusion which measures 5 mm centrally and 2 mm right and left laterally - Annular tear. This abuts upon the right S1 nerve root.- Mild arthropathy of the left facet.- Minimal narrowing of the neural foramina.- Surgical date was not provided. Diagnosis 06/10/14- Status post lumbar spine surgery with residual pain- MRI scan findings of a 4-5 mm posterior disc protrusion at L4-5 with moderate left and mild right neural foraminal narrowing- Lumbar radiculopathy Diagnosis 10/07/14- Lumbar spine sprain and strain- Status post lumbar surgery with pain Diagnosis 01/13/10, per treater report 04/03/14- Multilevel symptomatic disc bulges with degenerative changes and possible effacement of the L5 nerve roots- Rt. L5 radiculopathy, confirmed on EMG and Nerve Conduction studies Electrodiagnosis 01/11/10, per treater report on 04/03/14- EMG/NCV of both lower limbs is abnormal and consistent with a (mild) right L5 radiculopathy. The utilization review determination being challenged is dated

10/27/14. The rationale was sufficient information was not provided, such as corroborating studies. Treatment reports were provided from 04/01/14 to 10/07/14.

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

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

#### **Bilateral L4-L5 Transforaminal Epidural Steroid Injection x 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

**Decision rationale:** Patient presents with low back pain rated 10/10 radiating to the lower buttocks with numbness, burning and weakness in both legs, worse on the right. The request is for BILATERAL L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION x 2. Pain improves to 5/10 with medications. She has a positive SLR, greater on the right side than the left; tenderness to palpation and paravertebral muscle spasms. MRI findings show significant disc herniation and stenosis. EMG reveals a right L5 radiculopathy. Previous epidural was given 11/27/12 per treater report of 04/03/14, with no side effects. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Patient presents with back pain radiating to buttocks and lower extremities per 10/01/14 progress report. Physical examination to the lumbar spine on 10/07/14 revealed tenderness to palpation and paravertebral muscle spasms. Treater reported a positive straight leg raise test bilaterally. MRI Lumbar Spine 05/18/11, per treater report dated 04/03/14 revealed "L4-5 disc dessication, 3 mm central to left lateral disk protrusion with annular tear, mild narrowing of the left neural foramen, L5-S1 disk dessication, broad disk protrusion which measures 5 mm centrally and 2 mm right and left laterally, annular tear (This abuts upon the right S1 nerve root.), mild arthropathy of the left facet, minimal narrowing of the neural foramina." MRI findings show disc protrusions with possible nerve root involvement that may explain the patient's leg symptoms with radiculopathy shown on EMG for L5. ESI may be indicated but the patient already trialed an ESI. However, the treater does not explain how the patient responded. MTUS does not support repeat injection unless 50% or more reduction of pain with functional improvement are shown for at least 6-8 weeks. Absent such documentation, the request IS NOT medically necessary.