

<b>Case Number:</b>	CM14-0199354		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/16/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, 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 68 year old female with an injury date of 05/16/09. Based on the progress report dated 09/30/14, the patient complains of bilateral wrist pain which interferes with sleep, mood and recreation. Physical examination of the bilateral elbows reveals tenderness to palpation over the medial epicondyle. Phalen's test and Tinel's tests are positive in bilateral wrists. Sensation to light touch is decreased over ring and little fingers on the right side. In progress report dated 09/16/14, the patient complains of lower back pain, bilateral lower extremity pain, and bilateral upper extremity pain. Physical examination of the lumbar spine reveals tenderness to palpation and spasms in the bilateral paravertebral muscles and tenderness in the sacroiliac spine. The range of motion is restricted due to pain with flexion at 75 degrees and extension at 10 degrees. Lumbar facet loading is positive on the right along with positive Gaenslen's test and FABER test. Physical examination of the right shoulder reveals tenderness in the acromioclavicular joint and subdeltoid bursa. Physical examination of the hip is also restricted due to pain with internal rotation at 30 degrees and external rotation at 60 degrees. There is tenderness over groin, trochanter and SI joint along with positive Gaenslen's test and FABER test. Tenderness is also noted over the medial joint line and patella of the left knee. Sensation to light touch is reduced over lateral calf, lateral thigh, and first three toes. The patient is status post partial knee replacement (date not known), as per progress report dated 08/12/14. The patient is able to accomplish all activities of daily living with the help of medications which include Pantoprazole, Voltaren, Ambien, Celebrex, Lorzone, Cozzar, Estradiol, Hydrochlorothiazide, and Belladonna-phenobarbital, as per progress report dated 09/30/14. The patient also received post-operative physical therapy for the knee, as per progress report dated 06/17/14. The patient is currently not working and her status has been determined as permanent and stationary, as per progress report dated 09/30/14. MRI of the Lumbar Spine (date not mentioned), as per progress report dated

09/16/14:- Moderate to moderately severe hypertrophic facet changes with prominent bilateral facet joint effusion- Degenerative spondylolisthesis of L4 with respect to L5- Moderately severe right L4 neural foraminal stenosis suggestive of right L4 nerve impingementDiagnoses,  
09/30/14:- Carpal tunnel syndrome- Medial epicondylitis- Ulnar neuropathyThe treater is requesting for transforaminal lumbar epidural injection L4-5 right side. The utilization review determination being challenged is dated 11/17/14. The rationale was lack of documentation with regards to MRI, conservative therapy, and fluoroscopic guidance. Treatment reports were provided from 05/01/14 - 09/30/14.

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

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

**Transforaminal Lumbar Epidural Injection L4-5 right side:** Overturned

**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 Page(s): 46-47.

**Decision rationale:** The patient presents with lower back pain, bilateral lower extremity pain, and bilateral upper extremity pain, as per progress report dated 09/16/14. The request is for transforaminal lumbar epidural injection at L4-5 right side. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." 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." A review of the available progress reports does not reflect prior ESI. In fact, the reports state that the treater's request for ESI has been denied several times. In progress report dated 09/16/14, the treater states that the patient has "low back pain radiating down her right leg." Physical examination, as per the same progress report, reveals that the patient has decreased sensation to light touch in L4-5 dermatome. Although the actual report is not available for review, MRI findings indicate degenerative spondylolisthesis of L4 with respect to L5 and moderately severe right L4 neural foraminal stenosis, as per the same progress report. Given a clinical diagnosis of radiculopathy and the corroborating MRI findings, the request for ESI appears reasonable. This request is medically necessary.