

<b>Case Number:</b>	CM14-0200329		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 70-year-old man who sustained a work-related injury on December 24, 2010. Subsequently, the patient developed low back pain. Prior treatments included physical therapy (completed 12 sessions with temporary benefits), acupuncture, and medications. X-ray of the lumbar spine dated February 28, 2012 showed old compression fractures from L1 to L4 with 50% loss in body height. MRI of the lumbar spine dated May 12, 2011 documented multiple moderate compression fractures involving the endplates of L3, L4, and L1. There was mild marrow change in the L4 vertebral body suggesting some more acute change. There was multi-level disc bulges greatest at L4-5. At L4-5, there was moderate posterior element hypertrophy with a 4 mm right greater than left bulge with moderately severe right greater than left neural foraminal stenosis. The disc indented the thecal sac and there was moderate central canal stenosis. At L2-3 there was a 3-4 mm bulge with mild left facet arthropathy. There was mild central canal narrowing. At L3-4, there was mild posterior element hypertrophy greater on the left. There was a 1 mm bulge. At L5-S1, there was mild to moderate posterior element hypertrophy and a 3 mm left greater than right bulge with ridge resulting in severe left and moderate right neural foraminal stenosis. Electromyography (EMG)/Nerve Conduction Velocity (NCV) study performed on February 2, 2012 documented abnormal electrodiagnostic study, compatible with mild bilateral L4-5 radiculopathy. According to a medical report dated November 7, 2014, the patient reported low back pain that was radiating down the right leg to the calf with 7/10 pain. On physical examination, there was increased pain on extension. There was decreased sensation on the right L5 and L4. There was a positive leg raise in the right lower extremity. The patient was diagnosed with radiculopathy, spondylolisthesis, spinal stenosis, and sciatica. The provider requested authorization for lumbar ESI of right L5-S1.

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

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

**Lumbar epidural steroid injection (LESI), right L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however, there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including recent Electromyography (EMG) and MRI findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection right L5-S1 is not medically necessary.