

<b>Case Number:</b>	CM14-0206547		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/16/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 51 year old female with an injury date of 11/15/13. Based on the 10/06/14 progress report provided by treating physician, the patient complains of constant moderate pain to the lower back which radiates to the buttocks, left leg, left foot rated 6/10 and possessing a sharp aching quality, with intermittent numbness. Pain is exacerbated by pushing, pulling, kneeling, squatting, bending. Patient is status post right L4-L5 lumbar facet block on 09/19/14 and right L4-L5 epidural steroid injection on 10/23/14. Physical examination 10/06/14 revealed tenderness to palpation to right occipital nerve, bilateral cervical paraspinal muscles over facet areas, lumbar paraspinal muscles over facet areas. Facet loading was noted to be painful on extension and rotation in both back and neck. Patrick test was positive bilaterally and straight leg raise test was positive on the left. Range of motion was decreased in all planes, especially on extension and rotation. EMG performed 09/17/14 states: "There appeared to be more chronic changes in the S1 innervated muscles to the RIGHT lower extremity and there appeared to be sub-acute changes in the S1 innervated muscles in the LEFT lower extremity... examination showed evidence for a chronic S1 nerve root impingement." No diagnostic imaging was provided. Patient is currently taking Tylenol and Ultram. Diagnosis 10/06/14- Lumbalgia- Lumbar spondylosis- Lumbar degenerative disk disease- Myofascial pain syndrome- Sacroiliac joint dysfunction- Headache- Occipital neuralgia- Cervicalgia - Cervical spondylosis Diagnosis 10/10/14- Status post rear end MVA on 11/18/13- Chronic low back pain with right sided L4-L5 6mm disc herniation 12/16/13 without clinical correlation- Left lower extremity radicular symptoms with clinical evidence of left sacroiliac strain- Bilateral shoulder pain, right worse than left, with clinical evidence of impingement- Development of multiple myofascial pain syndrome with multiple tender points- Headaches possibly related to Ultracet but not Ultram-

Status post EMG/nerve conduction lower extremity 11/06/13The utilization review determination being challenged is dated 11/26/14. The rationale is "although the patient reports that the L ESI was helpful, the intervention was performed just 4 weeks ago; MTUS does not recommend a second L ESI until 6-8 weeks after the 1st injection. Also, the patient complains of LEFT lumbar radicular symptoms, but the EMG on 9/17/14 demonstrated RIGHT lumbar radiculopathy." Treatment reports were provided from 06/06/14 to 11/07/14.

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

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

**Left L4 and L5 transforaminal epidural steroid injection under fluroscopy: 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 Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

**Decision rationale:** The patient presents with constant moderate pain to the lower back which radiates to the buttocks, left leg, left foot rated 6/10 and possessing a sharp aching quality, with reported intermittent numbness in left foot. Pain is exacerbated by pushing, pulling, kneeling, squatting, bending. The request is for left L4 and L5 transforaminal epidural steroid injection under fluoroscopy. Patient is status post right L4-L5 lumbar facet block on 09/19/14 and right L4-L5 epidural steroid injection on 10/23/14. Physical examination 10/06/14 revealed tenderness to palpation lumbar paraspinal muscles and positive straight leg raise on left. Patient is currently taking Tylenol and Ultram. EMG performed 09/17/14 states "There appeared to be more chronic changes in the S1 innervated muscles to the RIGHT lower extremity and there appeared to be sub-acute changes in the S1 innervated muscles in the LEFT lower extremity. Electrodiagnostic examination showed evidence for a chronic S1 nerve root impingement." MTUS pages 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per physical exams 10/06/14 and 11/07/14, the patient demonstrates radicular pain in the left lower extremity in a manner consistent with left sided nerve root impingement. These findings are corroborated by EMG study performed 09/17/14, concluding that the patient demonstrated "sub-acute changes in S1 innervated muscles in the left lower extremity." However, the requested transforaminal ESI is directed at the L4-L5 level, not at the L5-S1 level. Had the EMG report included findings pertinent to the L4-L5 level the request would satisfy MTUS requirements. No MRI findings are discussed showing potential nerve root lesion/problem on the left side at either L4 or L5. Therefore, this request is not medically necessary.