

<b>Case Number:</b>	CM14-0209466		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Physical Medicine & Rehabn

### 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 59-year-old male with a date of injury of 05/01/2012. According to progress report dated 11/04/2014, the patient presents with chronic low back pain that radiates down in his posterior legs. There is numbness and tingling in all of his toes and left foot. Pain is rated as 7-8/10 without medications, and with medications, pain is reduced to 6-7/10. Patient has previously undergone a cortisone injection, which has reduced his pain level to a 5/10. Patient's treatment history includes left shoulder arthroscopic surgery in 2007, medications, physical therapy, exercise, acupuncture, TENS unit, heat and ice treatment, and L5S1 transforaminal epidural injection on 04/21/2014. Examination of the lumbar spine revealed normal paravertebral muscles, and all lower extremity reflexes are equal and symmetric. There is no spinous process tenderness noted. Straight leg raise test is positive. Strength is 5/5 in all muscle groups. Sensation is intact to light touch and pinprick. The listed diagnoses are: 1. Lumbar disk displacement without myelopathy. 2. Lumbago. 3. Back disorder, not otherwise specified. 4. Spasm of muscle. MRI of the lumbar spine from 11/22/2012 revealed "mild posterior annular bulging at L5-S1. This does not lead to significant central or foraminal stenosis." The treating physician would like to request a L5-S1 transforaminal epidural steroid injection. It was noted that patient's last injection was in April and that the injection was "beneficial in decreasing his pain, and he was able to reduce medication intake after the procedure." The utilization review denied the request on 11/13/2014. The medical file provided for review includes progress reports dated 06/03/2014 through 11/04/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L5-S1 Transforaminal Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The current request is for L5-S1 transforaminal epidural steroid injection. The MTUS Guidelines has the following regarding epidural steroid injections under its chronic pain section, pages 46 and 47, "Recommended as an option for treatment for radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." Progress reports indicate that the patient has underwent an initial epidural steroid injection in April 2014, which provided the patient with a decrease in pain, which allowed him to take less medication. The earliest progress report provided for review is dated 06/03/2014, which provides no discussion regarding the epidural injection. MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. Furthermore, MRI of the lumbar spine revealed only mild disk bulge, which does not corroborate the patient's leg pain. The requested epidural steroid injection is not medically necessary.