

<b>Case Number:</b>	CM15-0003640		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury on 8/6/11, with subsequent ongoing low back and right lower extremity pain. Mechanism of injury was cumulative trauma. Treatment included bilateral shoulder surgery, left knee surgery, 11 sessions of chiropractic therapy which aggravated the pain and medications. X-rays of the lumbar spine (8/25/14) showed disc space narrowing and anterior spondylosis with no acute changes. Magnetic resonance imaging lumbar spine (7/14/14) showed mild central stenosis at L4-5 with facet osteoarthritis. EMG/NCV of bilateral lower extremities (10/3/14) was normal. In a PR-2 dated 11/17/14, the injured worker complained of low back and right lower extremity pain, described as burning pain with pins and needles and radiation of aching and burning into the right lower extremity with numbness to all digits of the right foot. Pain was rated at 8/10 on visual analog scale. Physical exam was remarkable for an antalgic gait, tenderness to palpation to the lumbar spine, intact sensory exam, Patellar and Achilles reflexes diminished bilaterally. Straight leg raise on the right caused pain to the foot at 45 degrees. Straight leg raise on the left caused pain at the knee at 45 degrees. Lasegue maneuver was positive on the right with increased pain to the foot. The treatment plan included continuing medications (Cyclobenzaprine 7.5mg, Tramadol 37.6/325mg and Nabumetone 750mg) and a transforaminal epidural steroid injection. On 12/30/14, Utilization Review noncertified a request for one transforaminal epidural steroid injection at the right L4-5 between 12/26/14 and 2/9/15 noting lack of treatment for the lumbar spine other than chiropractic care and CA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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

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

### **Transforaminal epidural steroid injection at the right L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI except for pain control. There is no long term plan. Fails criteria.2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to have undergone chiropractic with no other conservative treatment documented. No other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria.3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI with minimal findings consistent with radiculopathy and a recent normal EMG/NCV which does not meet definition of radiculopathy as per MTUS guidelines. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.