

<b>Case Number:</b>	CM15-0018682		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/25/2009
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 injured worker is a 61 year old male, who sustained an industrial injury on 4/26/2009, while employed as a bus operator. He reported twisting his right side, attempting to prevent the fall of a passenger. He also reported low back pain and bilateral knee pain as a result of the accident. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet syndrome, low back pain, and knee pain. Treatment to date has included conservative measures, including lumbar epidural steroid injection (9/02/2014). Currently (1/14/2015), the injured worker complains of pain, unchanged since last visit. The previous visit, dated 1/08/2015, noted complaints of increased neck and bilateral shoulder pain. Pain was rated 6/10 with medications and 8/10 without. Current medications included Oxycontin and Oxycodone. Exam of the lumbar spine noted restricted range of motion, spasm and tenderness to palpation bilaterally, lumbar facet loading positive on both sides, and positive straight leg raise test on the right. Motor exam was 5/5, except extensor hallucis longus was 4+/5 on both sides. Sensory was decreased over the L4 and L5 dermatomes on the right side. Treatment plan included repeat transforaminal lumbar epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural injections bilateral at L4-L5: Upheld**

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

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

**Decision rationale:** The 1/23/15 Utilization Review letter states the Transforaminal lumbar epidural injections bilateral at L4-L5 requested on the 1/14/15 medical report was denied because there are no imaging studies provided to corroborate the exam findings of right side L4 and L5 radiculopathy. According to the 1/14/15 pain management report, the patient presents with 8/10 pain (unspecified location) without medications, 6/10 pain with medications. The physician provides trigger point injections to the trapezius muscle, and recommends repeat TFESI. Cervical exam shows tenderness over the trapezius. Spurlings was negative. There is decreased sensation to light touch over the right-side L4 and L5 dermatomes. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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." The MTUS criteria for repeat epidural injections have not been met. MTUS requires 50% pain relief with associated reduction of medications for 6-8 weeks. The records show that on 8/15/14 the patient was using OxyContin 15mg bid and Oxy IR 10mg bid. He underwent the transforaminal ESI on 9/2/14. On 9/24/14, the medication remains OxyContin 15mg bid and Oxy IR 10mg bid. There was no reduction of medications for 6-8 weeks. Furthermore, there are no electrodiagnostic studies or lumbar MRI reports provided to support the exam findings of radiculopathy. The request for repeat Transforaminal lumbar epidural injections bilateral at L4-L5 IS NOT medically necessary.