

<b>Case Number:</b>	CM15-0134267		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female who sustained an industrial injury on 06/03/2012 when she tripped and fell. The injured worker was diagnosed with lumbar facet syndrome, thoracic spine degenerative disc disease and chronic low back pain. The injured worker has a history of scoliosis with remote T4- L1 fusion with Harrington rods. Treatment to date has included diagnostic testing with latest lumbar magnetic resonance imaging (MRI) on May 27, 2015, massage therapy and medications. According to the primary treating physician's progress report on June 5, 2015, the injured worker continues to experience low back pain. The injured worker rates her pain level at 7/10 with medications and 9/10 without medications. Evaluation noted a slow, stooped, global antalgic gait without the use of assistive devices. Examination of the thoracic spine revealed severe scoliosis with restricted range of motion with flexion. There was paravertebral muscle hypertonicity and tenderness bilaterally. The lumbar spine demonstrated range of motion restricted with flexion to 50 degrees and extension to 15 degrees. Tenderness to palpation of the lumbar paravertebral muscles was noted bilaterally. Gaenslen's, lumbar facet loading, straight leg raise, Faber and pelvic compression tests were positive bilaterally. Babinski's sign was negative. There was tenderness over the sacroiliac spine and sacroiliac joint. Trigger point with radiating pain and twitch response on palpation at the bilateral piriformis muscles was documented. Motor strength of the extensor hallucis longus muscle was 5-/5 bilaterally with other motor strength at 5/5 bilaterally. Sensory examination to light touch was decreased over the medial foot on both sides. Deep tendon reflexes were intact. Waddell's signs were negative. A sacroiliac (SI) joint injection was performed at the office visit.

Current medications are listed as Hydrocodone 10/325mg, Cyclobenzaprine, Celebrex, Rozerem, Lidoderm 5% patch and ThermaCare heat wrap. Treatment plan consists of continuing medication regimen, encourage home exercise and daily walking, flexion/extension X-ray review and the current request for bilateral lumbar spine transforaminal epidural steroid injections to L4-L5 and L5-S1.

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

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

#### **Lumbar spine transforaminal epidural steroid injection to bilateral L4-L5 and L5-S1:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in June 2012. She was seen on 06/05/15. Pain was rated at 9/10 without medications and 7/10 with medications. Her activity level was unchanged. CT scan results of the lumbar spine from November 2012 reviewed. Physical examination findings included in antalgic, stooped, and slow gait without use of an assistive device. There was decreased lumbar spine range of motion with pain. There was lumbar and thoracic muscle tenderness with increased muscle tone. Lumbar facet loading and Gaenslen's tests were positive. Straight leg raising was positive. There was sacroiliac spine tenderness and tenderness over the sacroiliac joints. There was decreased lower extremity sensation. Authorization was requested for a two level transforaminal lumbar epidural injection. An MRI of the lumbar spine in April 2014 was negative for neural compromise and included findings of the claimant's spine surgery which had been done in the 1990s for scoliosis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation. However, the most recent imaging provided from April 2014 was negative for neural compromise and complaints of any radicular symptoms when the request was made is not documented. A lumbar epidural steroid injection is not medically necessary.