

Case Number:	CM15-0145581		
Date Assigned:	08/06/2015	Date of Injury:	04/19/2014
Decision Date:	09/11/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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 (IW) is a 46-year-old female who sustained an industrial injury on 04-19-2014. Diagnoses include L4-5 disc herniation lateralized on the left with back pain and left lumbosacral radiculopathy. Treatment to date has included medications, acupuncture and physical therapy (PT). According to the Initial Specialist Consultation dated 6-18-2015, the IW reported constant pain in the low back with constant paresthesias affecting the left lower extremity from thigh to foot. Symptoms worsened with sitting or standing more than 10 or 15 minutes and were somewhat relieved by lying down, medications or changing position. On examination, she indicated the area of discomfort was the upper lumbar spine. There were paraspinal spasms from L3 to the sacrum bilaterally. Motion caused increased pain. Lumbar flexion was 30 degrees with significantly more pain and there was pain with recovery from flexion with extension to 10 degrees. Lateral bending was 10 degrees bilaterally; she complained of deep aching pain in the lumbar spine with these maneuvers. Facet loading could not be assessed due to pain. Left straight leg raise at 40 degrees caused increased pain radiating to the buttock and posterior left hip to the distal thigh. Right straight leg raise at 40 degrees caused increased back pain. Reflexes were 1 bilaterally in the biceps, patellas and bilateral ankle jerks; Babinski's were down-going bilaterally. Motor strength was normal in the lower extremities. Sensation to pinprick was decreased in the medial and lateral aspects of the left calf. MRI of the lumbar spine on 6-6-2014 showed L4-5 posterior central, left posterolateral broad disc protrusion with moderate to severe left lateral recess stenosis with traversing L5 nerve root impingement. A request was made for lumbosacral epidural corticosteroid injections (LESI) on the left: transforaminal at L4-5 and interlaminar at L5-S1 spine, to address the IW's central and lateral disc herniation issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar (L4-5) & Interlaminar Lumbosacral (L5-S1) Spine, Qty 2: 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 Epidural steroid injections (ESI's) Page(s): 46.

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with lumbar spine pain with constant paresthesias affecting the left lower extremity from thigh to foot. The request is for transforaminal lumbar (L4-5) & interlaminar lumbosacral (L5-S1) spine, qty 2. Patient's diagnosis per Request for Authorization form dated 06/18/15 includes left lumbosacral radiculopathy, thoracic/ lumbosacral neuritis, radiculitis unspecified, and backache unspecified. Treatment to date has included medications, acupuncture and physical therapy. Patient's medications include Ibuprofen and Terocin patches. The patient may return to work with restrictions, per 04/27/15 report. 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, with a general recommendation of no more than 4 blocks per region per year." Per 06/18/15 report, treater states "Recommendation is for lumbosacral epidural injections on the left; transforaminal at L4-5 and interlaminar at L5-S1. This approach will allow the best distribution of medication to address the patient's central as well as lateral disc herniation issues." Physical examination to the lumbar spine on 06/18/15 revealed paraspinal spasm from L3 to the sacrum bilaterally. Range of motion was painful and decreased, especially on extension 10 degrees. Positive straight leg raise test bilaterally. Pinprick sensation decreased in the medial and lateral aspects of the left calf. Treatment to date has included medications, acupuncture and physical therapy. MRI of the lumbar spine dated 05/06/14 demonstrated "L4-5: moderate to severe left lateral recess stenosis with traversing L5 root impingement... Patent right lateral recess and bilateral foramina. Impression: L4-5 posterior central/left posterolateral broad disc protrusion. Moderate to severe left lateral recess stenosis with traversing L5 nerve root impingement. Other disc levels are unremarkable." Treater has documented patient's continued low back pain with left leg radicular symptoms and supported with physical examination findings. Review of medical records do not indicate the patient had prior lumbar epidural steroid injections. An ESI trial would appear to be indicated at L4-L5. However, although MRI of the

lumbar spine corroborates with physical exam findings for radiculopathy at L4-L5 level; with regards to the L5-S1 level also to be injected, MRI report states "L5-S1: No central canal stenosis. No neural foraminal stenosis." MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the request as stated indicates quantity 2. Repeat injections would require documentation of "at least 50% pain relief with associated reduction of medication use for six to eight weeks." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Epidural Corticosteroid Injection, Left Lumbosacral Spine: 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 Epidural steroid injections (ESI's) Page(s): 46.

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with lumbar spine pain with constant paresthesias affecting the left lower extremity from thigh to foot. The request is for epidural corticosteroid injection, left lumbosacral spine. Patient's diagnosis per Request for Authorization form dated 06/18/15 includes left lumbosacral radiculopathy, thoracic/ lumbosacral neuritis, radiculitis unspecified, and backache unspecified. Treatment to date has included medications, acupuncture and physical therapy. Patient's medications include Ibuprofen and Terocin patches. The patient may return to work with restrictions, per 04/27/15 report. 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, with a general recommendation of no more than 4 blocks per region per year." Per 06/18/15 report, treater states "Recommendation is for lumbosacral epidural injections on the LEFT; transforaminal at L4-5 and interlaminar at L5-S1. This approach will allow the best distribution of medication to address the patient's central as well as lateral disc herniation issues." Physical examination to the lumbar spine on 06/18/15 revealed paraspinal spasm from L3 to the sacrum bilaterally. Range of motion was painful and decreased, especially on extension 10 degrees. Positive straight leg raise test bilaterally. Pinprick sensation decreased in the medial and lateral aspects of the left calf. MRI of the lumbar spine dated 05/06/14 demonstrated "L4-5: moderate to severe left lateral recess stenosis with traversing L5 root impingement... Patent right lateral recess and bilateral foramina. Impression: L4-5 posterior central/left posterolateral broad disc protrusion. Moderate to severe left lateral recess stenosis with traversing L5 nerve root impingement. Other disc levels are unremarkable." Treater has documented patient's continued low back pain with left leg radicular symptoms and supported with physical examination findings. Review of medical records do not indicate the patient had prior lumbar epidural steroid injections; and an ESI trial would appear to

be indicated. However, with regards to the L5-S1 level to be injected, MRI report states "L5-S1: No central canal stenosis. No neural foraminal stenosis." MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.