

<b>Case Number:</b>	CM15-0191688		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	07/17/2008
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 7-17-08. The injured worker was diagnosed as having lumbar failed back syndrome; lower lumbar spine degenerative disc disease' facet arthropathy; chronic low back pain with bilateral radiculopathy; bilateral sacroiliac joint dysfunction; chronic pain syndrome with depression. Treatment to date has included status post lumbar L4-L5 fusion (5-1-09); physical therapy; TENS unit; transforaminal epidural steroid injection (ESI) Left L4-5 (2-28-13); psychiatric therapy; medications. Currently, the PR-2 notes dated 9-17-15 the provider reviews her industrial medical history to current. He notes "she felt increased back pain down to her left leg; Left L4 and L5 transforaminal epidural steroid injection was requested on 4-21-14 but was unreasonable denied by her insurance and was appealed. She was given Cymbalta 30mg on 7-23-14 but stated it caused her nausea, sweating and hot flush and resumed Lyrica 100mg t.i.d on 7-29-15. Today, she reported her insurance denied Ultram and she has to pay herself for it due to pain. She rated her pain level as 8 out of 10 and wanted to have epidural steroid injection and to continue Lyrica and Ultram which reduced her pain. She denied bowel and bladder incontinence or foot drop. She last worked on 7-17-08." On physical examination the provider documents "She ambulates with a slight analgic gait without assistant device or foot drop. She was able to tiptoe and heel walk but reported increased back pain. Periphery joints have full range of motion in bilateral lower limbs. Lumbar spine has slight decreased range of motion due to pain. Straight leg raise test was questionable positive bilaterally. Manual muscle strength test in bilateral lower extremities was 5 out of 5 with normal tone. No focal weakness was noticed. Sensation was

normal to light touch and pinprick in bilateral lower limbs. Muscle stretch reflex was 2+ and symmetric in bilateral lower limbs. Patrick test was positive at bilateral sacroiliac joints but negative at bilateral hips. On palpation there was tenderness at lower lumbar paraspinal muscles and bilateral sacroiliac joint without muscle spasm. He is again requesting the ESI injections for her low back pain and radicular pain control and trying to reduce her pain medication. A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-24-15 and non-certification Left L4 and L5 transforaminal ESI under fluoroscopy x1 @ hospital. A request for authorization has been received for Left L4 and L5 transforaminal ESI under fluoroscopy x1 @ hospital.

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

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

**Left L4 and L5 transforaminal ESI under fluoroscopy x1 @ hospital: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L4 - L5 transforaminal epidural steroid injection x1 at hospital is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic low back pain; status post L4 - L5 fusion with screws May 1, 2009 with failed back surgery syndrome; lower lumbar spine degenerative disc disease and facet arthropathy; chronic low back pain with bilateral radicular pain; bilateral sacroiliac joint dysfunction; and chronic pain syndrome with depression. Date of injury is July 17, 2008. Request for authorization is September 18, 2015. According to a September 17 2015 progress note, the injured worker has ongoing low back pain 8/10. The injured worker received prior epidural steroid injections. The lumbar levels are not documented in the record or is the percentage pain relief. Objectively, lumbar spine range of motion is decreased and the injured worker hasn't antalgic gait. There is questionable positive straight leg raising. Motor function is 5/5 (normal) and there is no sensory deficit. There is tenderness to palpation over the paraspinal muscle groups. There is no objective evidence of radiculopathy. EMG/NCV from December 1, 2010 showed a chronic L4 ridiculously. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no objective evidence of radiculopathy on physical examination, left L4 - L5 transforaminal epidural steroid injection is not medically necessary, left L4 - L5 transforaminal epidural steroid injection x1 at hospital is not medically necessary.

