

<b>Case Number:</b>	CM15-0194237		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/23/2006
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 62 year old female who sustained an industrial injury on 1-23-06. Diagnoses are noted as cervical radiculopathy, chronic pain- other, lumbar disc displacement, lumbar radiculopathy, and right shoulder pain. In a pain medicine re-evaluation dated 9-3-15, the physician notes complaints of neck pain with radiation to bilateral upper extremities and low back pain which is constant and radiates to bilateral lower extremities. Pain is noted as accompanied by numbness, tingling and weakness in bilateral lower extremities to the level of the toes. Frequent muscles spasms of the low back are noted. Pain is rated at 4 out of 10 with medications on average since the previous visit, and 7 out of 10 without medications on average. (Pain was rated 7 out of 10 with medications and 10 out of 10 without medications on average on 6-26-15). Physical exam of the lumbar spine notes spasm in bilateral paraspinous musculature, tenderness to palpation, moderately to severely limited range of motion with increased pain, sensory exam within normal limits, decreased strength in bilateral lower extremities-mild, and a positive seated straight leg raise bilaterally at 60 degrees. A 6-25-15 progress report notes she is working modified duty and utilizing medication at times for severe pain, and Norco 10-325mg one every 6 hours as needed as a 2 month supply for severe pain was prescribed. A transforaminal epidural steroid injection at bilateral L4-L5 was done on 4-22-15, with 50-80% reported overall improvement. Functional improvement was reported as a decrease in pain medication and improved mobility with duration of 3 months. Previous treatment includes lumbar epidural injection at L4-L5 on 5-2-13 and 9-16-14 with reported improved low back pain lasting 2-3 months, pool therapy, home exercise, medication, and Toradol-B12 injection 9-3-15. The requested treatment of a transcutaneous electrical nerve stimulator unit was certified and bilateral L4-L5, L5-S1 transforaminal epidural under fluoroscopy was non-certified on 9-16-15.

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

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

### **Bilateral L4-L5, l5-S1 transforaminal epidural under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with neck pain radiating down the bilateral upper extremities. Low back pain radiating down the bilateral lower extremities, to the bilateral feet, accompanied by numbness, tingling, and muscle weakness. The request is for Bilateral L4-L5, L5-S1 transforaminal epidural under fluoroscopy. The request for authorization is dated 09/09/15. The patient is status post Transforaminal Epidural Steroid Injection bilateral L4-5, 04/22/15, and reports good (50-80%) overall improvement. The patient reports good functional improvements in the following areas: decrease in pain medication requirements and improved mobility. The duration of the improvement was 3 months. MRI of the lumbar spine, 05/15/03, shows minimal disc degeneration at L2-3 and L3-4 but the discs are all intact and there are no areas of stenosis; L4-L5: the disk is of normal size, configuration, and signal intensity with no evidence of a protrusion or bulge; L5-S1: the disk is of normal size, configuration, and signal intensity with no evidence of a protrusion or bulge. Physical examination of the lumbar spine reveals spasm noted in the bilateral paraspinal musculature. Tenderness is noted upon palpation in the spinal vertebral area L3-S1 levels. The range of motion was moderately to severely limited due to pain. Motor examination reveals decreased strength in the bilateral lower extremities, which is mild. Straight leg raise with the patient in the seated position was positive bilaterally at 60 degrees. She completed pool therapy twice weekly for four weeks and is helping. Per progress report dated 09/03/15, the patient is working with restrictions. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 progress report dated 09/03/15, treater's reason for the request is "The patient previously underwent a therapeutic lumbar epidural steroid injection, given the patient's positive response." In this case, radicular symptoms are documented with dermatomal distribution of pain along with physical examination findings. However, MRI study findings do not corroborate radiculopathy. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Therefore, the request is not medically necessary.