

<b>Case Number:</b>	CM15-0201315		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/29/1988
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 63 year old male who sustained an industrial injury on 04-29-1988. On 05-13-2015, the injured worker underwent lumbar spinal surgery. On 07-20-2015, computed tomography imaging of the lumbar spine showed no current lumbar spinal stenosis or definite neural impingement, moderate to moderately severe degenerative disc disease from L2-3 through L4-5 and status post laminectomy with anterior fusion and internal fixation at L5-S1. According to a consultation report dated 08-27-2015, the injured worker reported low back pain radiating to the left leg. Pain was rated 3 on a scale of 1-10. Pain was constant and could increase to a dull pain that was a tingling sensation radiating to the left leg. Exacerbating factors included walking and physical activity. Previously, the injured worker had tried physical therapy and chiropractic care which had provided minimal or temporary pain relief. Lumbar flexion was limited to 45 degrees due to moderate low back pain. Extension was limited to only 5 degrees due to facet loading pain. Palpation of the lumbar facets elicited facet pain. The sacroiliac joints were non-tender to palpation. Patrick's test was negative bilaterally. The greater trochanteric bursas were also non-tender to palpation bilaterally. Motor testing was 5 out of 5 in the bilateral lower extremities. Sensory perception was intact to soft touch in the bilateral lower extremities. Gait was non-antalgic. Lumbar MRI from July 2015 showed pedicle screws at L5 and sacrum with L5-S1 fusion. There was persistent degenerative disc disease at L2-5 with left foraminal stenosis at L2-4. Assessment included encounter for therapeutic drug monitoring, lumbar post laminectomy syndrome, lumbar radiculopathy, degeneration of lumbar intervertebral disc and low back pain. The treatment plan included home exercise program, left L2-3 and L3-4

transforaminal epidural steroid injection. An authorization request dated 09-03-2015 was submitted for review. The requested services included transforaminal epidural steroid injection with fluoroscopy. On 09-10-2015, Utilization Review non-certified the request for left L2-3, L3-4 transforaminal epidural steroid injection with fluoroscopy.

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

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

**Left L2/3 & L3/4 Transforaminal Epidural Steroid Injection with 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:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore the determination is for non-certification, not medically necessary.