

<b>Case Number:</b>	CM15-0205000		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 58 year old female who sustained an industrial injury on 4-1-13. A review of the medical records indicates she is undergoing treatment for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral piriformis syndrome, bilateral knee sprain and strain, and bilateral hand sprain. Medical records (9-15-15) indicate complaints of "increased" low back pain, rating "8 out of 10". She reports that the pain is a "sharp, shooting" pain and radiates to bilateral lower extremities to her toes with associated numbness and tingling. She reports that she does not want a surgical consult for her lumbar pain. She states that she "prefers" to have a lumbar epidural steroid injection, as it "helped in the past" (8-11-15). The physical exam (9-15-15) reveals a wide-based gait. She is noted to be able to perform heel-toe walk with "slight pain in the low back". The treating provider indicates an "increase" in the lumbar lordotic curvature. Diffuse lumbar paravertebral tenderness is noted. "Moderate to severe" facet tenderness is noted over the L3 through S1 levels. Piriformis tenderness and stress is noted to be positive bilaterally. Fabere's-Patrick test is noted to be positive bilaterally. The straight leg raise is positive bilaterally, seated at 60 degrees on the right; 70 degrees on the left. In a supine position, it is positive 50 degrees on the right; 60 degrees on the left. The treating provider indicates that the straight leg raise "produces low back pain only". Lumbar range of motions is diminished. The sensory exam is noted to be "decreased as to pain, temperature, light touch, vibration, and two-point discrimination in all dermatomes". Muscle testing is "4 out of 5" in the right foot invertors, big toe extensors, and knee extensors, as well as the left big toe extensors and knee extensors. The right ankle reflex is noted to be "1+". Treatment has included

medications, a home exercise program, a bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection with 80-90% noted improvement in symptoms, as well as modified work activities. Treatment recommendations include bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections x 2. The treating provider indicates that she has failed conservative treatment in the form of physical therapy, chiropractic manipulation, medication, rest, and a home exercise program. The utilization review (10-13-15) includes a request for authorization of the recommended transforaminal epidural steroid injection at L4-L5 and L5-S1 x 2. The request was denied.

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

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

#### **Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection x 2: Upheld**

**Claims Administrator 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 chapter - Criteria for the use of Epidural steroid injections (ESIs).

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient underwent recent LESI with noted 80-90% improvement; however, duration was not documented. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological use, increased ADLs and decreased medical utilization with continued chronic symptoms for this 2013 injury. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection x 2 is not medically necessary and appropriate.