

<b>Case Number:</b>	CM15-0209018		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/29/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 56 year old male who suffered an industrial injury on September 29, 2005. The injured worker was undergoing treatment for chronic L4, L5, and S1 radiculopathy per EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities, status post lumbar fusion of L5-S1, multiple HNP (herniated nucleus pulposus) of the lumbar spine, adjacent segment disease, and facet arthropathy of the lumbar spine. According to progress note of July 8, 2015, the injured worker's chief complaint was neck and back pain. The injured worker reported difficulty sleeping averaging 4-5 hours per night. The injured worker reported the medications reduced the pain by 60%. The low back was described as stabbing pain rated at 6 out of 10. The injured worker reported the pain was equal on both sides. The pain radiated down both legs, but in the left the injured worker was experiencing numbness from the knee down. The physical exam noted tenderness with palpation of the lumbar spine with spasms. There was decreased sensation at L4, L5, and S1 dermatomes on the left. The injured worker previously received lumbar surgery 2006, while CT scan of the lumbar spine without contrast July 7, 2015, showed scoliosis and degenerative disc disease with facet arthropathy and with postoperative changes of the anterior fusion at L5-S1 with retrolisthesis L2-L3, L3-L4, and L4-L5, canal stenosis L3-L4 mild and L4-L5 moderate to severe, neural foraminal narrowing L3-L4 mild to moderate right and L4-L5 moderate to severe right and severe left neural foraminal narrowing. The injured worker had previously received transforaminal epidural steroid injection at L4-L5 on July 11, 2012, 13 sessions of chiropractic care, 8 sessions of acupuncture with mild relief, TENS (transcutaneous electrical nerve

stimulator) unit, Norco, Ultracet, Menthoder gel, Tylenol, Aleve, Vicodin, and Elavil. The UR (utilization review board) denied certification on September 28, 2015, for a transforaminal epidural steroid injection at L4-L5 foramen (L4 root) and L5-S1 foramen (L5 Root).

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

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

**One transforaminal epidural steroid injection at L4-L5 foramen (L4 root) and L5-S1 foramen (L5 root): 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 MTUS recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the case of this injured worker, he has described lower extremity radicular symptoms, and the physical exam from July 9, 2015, does demonstrate lower extremity focal neurologic deficits. However, the requested ESI level at L5-S1 does not demonstrate neural foraminal narrowing at L5-S1. Therefore, the request for one transforaminal epidural steroid injection at L4-L5 foramen (L4 root) and L5-S1 foramen (L5 root) is not medically necessary and appropriate.