

<b>Case Number:</b>	CM15-0210302		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 62 year old female, who sustained an industrial injury on 9-22-09. The injured worker was diagnosed as having lumbar axial pain and bilateral lumbar radiculitis secondary to anterolisthesis of L3-L4 with moderate central canal stenosis and retrolisthesis of L4-L5 with moderate central canal stenosis and disc extrusion. Subjective findings (2-16-15) indicated lower back pain and burning in the right medial to lateral supragluteal region. Objective findings (2-16-15) revealed diminished touch and pinprick sensation in the right L4 dermatome and tenderness in the L4-L5 area. As of the PR2 dated 9-28-15, the injured worker reports low back pain and bilateral lower limb pain. Objective findings include 20 degrees of forward flexion, 10 degrees of extension and 10 degrees of lateral bending. There is also a positive straight leg raise test bilaterally and an intact sensory examination. The treating physician noted plain films taken 9-28-15 and a lumbar MRI on 7-8-14 showing a broad-based disc bulge bilateral facet hypertrophy at L3-L4. Treatment to date has included a bilateral L4-L5 epidural injection x 2 in 2014 (under private insurance), physical therapy, Ibuprofen and Tramadol. The Utilization Review dated 10-7-15, non-certified the request for a bilateral L3-L4 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-L4 transforaminal epidural steroid injection Qty: 1.00: 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 Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right L3 - L4 transforaminal epidural steroid injection 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, non-steroidal 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 lumbar axial pain and bilateral lumbar radiculitis secondary to anterolisthesis with moderate stenosis and retrolisthesis of L4 - L5 with moderate canal stenosis and this extrusion. Date of injury is September 22, 2009. Request for authorization is September 28, 2015. According to a September 28, 2015 progress note, the injured worker's subjective complaints include ongoing knee and low back pain. The latter radiates into the bilateral gluteal region and posterior lateral thigh. The injured worker received prior transforaminal epidural steroid injections at left L4 - L5 and right L3 - L4 and August 2014 and December 2014. The worker is not currently taking any medications. The injured worker received prior physical therapy. Objectively, there are no areas of tenderness to palpation. Range of motion is decreased. Straight leg raising is positive bilaterally. Motor function is 5/5. The treatment plan indicates continued symptoms non-responsive to non-steroidal anti-inflammatory drugs, physical therapy and previous conservative treatments were transforaminal ESIs at L4-L5 and L3 - L4. Presently, there are no neurologic findings compatible with objective evidence of radiculopathy. According to the utilization review, there is corroboration of radiculopathy at L4 - L5 by imaging. The (August and December 2014) ESIs provided benefit at L4 - L5 and not at L3 - L4. Reportedly, there is no objective functional improvement provided at in the right L3 - L4 level. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no neurologic evaluation demonstrating objective evidence of radiculopathy on physical examination (September 28, 2015 progress note), and no documentation demonstrating objective functional improvement from the prior ESI, right L3 - L4 transforaminal epidural steroid injection is not medically necessary.

**Left L3-L4 transforaminal epidural steroid injection Qty: 1.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L3 - L4 transforaminal epidural steroid injection 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, non-steroidal 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 lumbar axial pain and bilateral lumbar radiculitis secondary to anterolisthesis with moderate stenosis and retrolisthesis of L4 - L5 with moderate canal stenosis and this extrusion. Date of injury is September 22, 2009. Request for authorization is September 28, 2015. According to a September 28, 2015 progress note, the injured worker's subjective complaints include ongoing knee and low back pain. The latter radiates into the bilateral gluteal region and posterior lateral thigh. The injured worker received prior transforaminal epidural steroid injections at left L4 - L5 and right L3 - L4 and August 2014 and December 2014. The worker is not currently taking any medications. The injured worker received prior physical therapy. Objectively, there are no areas of tenderness to palpation. Range of motion is decreased. Straight leg raising is positive bilaterally. Motor function is 5/5. The treatment plan indicates continued symptoms non-responsive to non-steroidal anti-inflammatory drugs, physical therapy and previous conservative treatments were transforaminal ESIs at L4-L5 and L3 - L4. Presently, there are no neurologic findings compatible with objective evidence of radiculopathy. According to the utilization review, there is corroboration of radiculopathy at L4 - L5 by imaging. The (August and December 2014) ESIs provided benefit at L4 - L5 and not at L3 - L4. Reportedly, there is no objective functional improvement provided at in the right L3 - L4 level. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no neurologic evaluation demonstrating objective evidence of radiculopathy on physical examination (September 28, 2015 progress note), and no documentation demonstrating objective functional improvement from the prior ESI, left L3 - L4 transforaminal epidural steroid injection is not medically necessary.