

<b>Case Number:</b>	CM15-0211046		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 45 year old male, who sustained an industrial injury on 5-28-14. Medical records indicate that the injured worker is undergoing treatment for a lumbar disc protrusion at lumbar three-lumbar four with root compression, lumbar facet arthropathy, lumbar spondylosis, lumbar three-lumbar four lumbosacral spine radiculitis, possible left peroneal neuropathy and right knee meniscus tear. The injured worker is currently temporarily totally disabled. On (10-2-15) the injured worker complained of constant low back pain radiating down the left leg, as well as the right knee pain with numbness, tingling and paresthesia. The pain was rated 4-6 out of 10 on the visual analog scale. Prolonged standing, bending, lifting and stairs make the pain worse. Medications give the injured worker a few hours of relief and then the pain returns. Examination of the lumbar spine revealed localized tenderness over the paravertebral muscles with spasm. A hyperextension maneuver was positive. Sensation to light touch along the medial and lateral aspect of the left thigh was diminished. A progress report date 7-9-15 notes that the injured worker had a second epidural steroid injection (6-29-15) and notes 50% relief. The injured workers first transformational epidural steroid injections were on 4-25-15. The injured worker was also noted to have 50% pain relief. The electromyography-nerve conduction study (9-23-15) revealed left lumbar three-lumbar four lumbosacral spine radiculitis and possible left peroneal nerve root entrapment neuropathy. Treatment and evaluation to date has included medications, MRI of the lumbar spine, electromyography-nerve conduction study and physical therapy. Current medications include (8-7-15) Insulin, Metformin and Hydrocodone. The current treatment requests include a left lumbar three transformational and translaminal epidural steroid

injection #1 and a left lumbar four transformational and translaminar epidural steroid injection #1. The Utilization Review documentation dated 10-13-15 non-certified the requests for a left lumbar three transformational and translaminar epidural steroid injection #1 and a left lumbar four transformational and translaminar epidural steroid injection #1.

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

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

**Left L3 transforaminal and translaminar epidural steroid injection (per 10/02/15 order )  
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 injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L3 transforaminal and trans-laminar epidural steroid injection (per October 2, 2015 order) #1 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 disc protrusion L3 - L4 with nerve root compression left L3 and L4; lumbar facet hypertrophy L4 - L5 and L5 - S1 with bulges; left L3, L4 lumbosacral radiculitis; possible left peroneal neuropathy; right knee lateral meniscus tear; and type I diabetes mellitus. The date of injury is May 28, 2014. Request for authorization is August 6, 2015. According to an October 2, 2015 progress note, subjective complaints are ongoing constant low back pain with radiation to the left leg and right knee pain with tingling, numbness and paresthesia. Pain score 6/10. Medications provide pain relief for a few hours. Objectively, there is medial joint line tenderness across the right knee. Right knee and lumbar range of motion is restricted. There is paravertebral muscle spasm with localized tenderness in the LS spine area. Motor strength is 5/5 except the right knee flexor and extensors. There is diminished sensation to light touch along the medial and lateral border of the left by. EMG studies show left L3, L4 lumbosacral radiculitis and possible left peroneal nerve root entrapment neuropathy. The treatment plan was to request an epidural steroid injection. Repeat injections should be based on at least a 50% pain reduction with associated reduction of medication use for 6 to 8 weeks, continued objective documented pain relief, decreased need for pain medications and functional response, etc. According to the utilization review, the treating

provider administered three epidural steroid injections with [REDACTED]. The dates of these injections are not documented. There were no subsequent reports documenting subjective and objective functional improvement with the duration of benefit following the most recent epidural steroid injection. There is no documentation of a decrease in pain medications. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation from prior epidural steroid injections of subjective and objective functional improvement and no documentation of a decrease in pain medications, left L3 transforaminal and trans-laminar epidural steroid injection (per October 2, 2015 order) #1 is not medically necessary.

**Left L4 transforaminal and translaminar epidural steroid injection (per 10/02/15 order )**  
**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 injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L3 transforaminal and trans-laminar epidural steroid injection (per October 2, 2015 order) #1 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 disc protrusion L3 - L4 with nerve root compression left L3 and L4; lumbar facet hypertrophy L4 - L5 and L5 - S1 with bulges; left L3, L4 lumbosacral radiculitis; possible left peroneal neuropathy; right knee lateral meniscus tear; and type I diabetes mellitus. The date of injury is May 28, 2014. Request for authorization is August 6, 2015. According to an October 2, 2015 progress note, subjective complaints are ongoing constant low back pain with radiation to the left leg and right knee pain with tingling, numbness and paresthesia. Pain score 6/10. Medications provide pain relief for a few hours. Objectively, there is medial joint line tenderness across the right knee. Right knee and lumbar range of motion is restricted. There is paravertebral muscle spasm with localized tenderness in the LS spine area. Motor strength is 5/5 except the right knee flexor and extensors. There is diminished sensation to light touch along the medial and lateral border of the left by. EMG studies show left L3, L4 lumbosacral radiculitis and possible left peroneal nerve root entrapment neuropathy. The treatment plan was to request an epidural steroid injection. Repeat injections should be based on at least a 50% pain reduction with associated reduction of medication use for 6 to 8 weeks, continued objective documented pain relief, decreased need for

pain medications and functional response, etc. According to the utilization review, the treating provider administered three epidural steroid injections with [REDACTED]. The dates of these injections are not documented. There were no subsequent reports documenting subjective and objective functional improvement with the duration of benefit following the most recent epidural steroid injection. There is no documentation of a decrease in pain medications. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation from prior epidural steroid injections of subjective and objective functional improvement and no documentation of a decrease in pain medications, left L3 transforaminal and trans-laminar epidural steroid injection (per October 2, 2015 order) #1 is not medically necessary.