

<b>Case Number:</b>	CM15-0213935		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Hawaii

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 64 year old male, who sustained an industrial injury on 03-31-2009. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar spondylosis with intermittent low back pain, history of lumbar facet syndrome, grade 1 spondylolisthesis at L4-L5, grade 1 retrolisthesis at L2-L3, status post lumbar laminectomy at L3-L5, lumbar neural foraminal stenosis at L3-L4 and L4-L5, and chronic pars interarticularis defect at left L4. Treatment and diagnostics to date has included acupuncture, epidural steroid injection, and medications. Recent medications have included Norco, Lisinopril, and Diltiazem. Subjective data (09-22-2015 and 10-13-2015), included low back pain rated 7 out of 10 and discomfort in the sciatic nerve on the left and right buttocks and legs with noted "40% pain relief" from previous transforaminal lumbar epidural steroid injection. Objective findings (10-13-2015) included tenderness and spasm to the lower back with limited range of motion. The Utilization Review with a decision date of 10-21-2015 non-certified the request for CT guided epidural injections bilaterally at L4-L5 and facet injections at L2-L3, L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT guided epidural injections bilaterally at L4-L5: 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 patient presents with low back pain rated 7 out of 10 and discomfort in the sciatic nerve on the left and right buttocks and legs. The current request is for CT guided epidural injections bilaterally at L4-L5. The treating physician states, in a report dated 10/13/15, "In view of his increasing radicular pains he is definitely a candidate to undergo transforaminal CT-guided epidural injections around the nerve roots as they extend out the extradural space transforaminally at L4-L5 bilaterally." (22B) The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy on an MRI. Repeat block 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. In this case, the treating physician, based on the records available for review, has failed to provide MRI findings of protrusion or stenosis at L4-L5. Additionally, only 40% improvement was noted on the previous L-ESI with no decrease in medication usage. The current request is not medically necessary.

**Facet injections at L2-L3, L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The patient presents with low back pain rated 7 out of 10 and discomfort in the sciatic nerve on the left and right buttocks and legs. The current request is for Facet injections at L2-L3, L4-L5. The treating physician states, in a report dated 10/13/15, "Four weeks later it should be followed by facet injections at the L2-L3 and L4-L5 levels, where he has evidence of facet disease." (22B) The MTUS is silent on facet injections. ODG guidelines state, "there should be no evidence of radicular pain, spinal stenosis, or previous fusion" In this case, the treating physician has documented that the patient has lumbar radiculopathy. The ODG guidelines do not support facet injections for patients suffering from radiculopathy. The current request is not medically necessary.