

<b>Case Number:</b>	CM15-0221974		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	03/03/1997
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 61-year-old female, who sustained an industrial injury on 3-3-97. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, low back pain, lumbar radiculopathy and post-laminectomy syndrome. The injured worker is currently temporarily totally disabled. On (10-19-15) the injured worker complained of low back pain, which radiated down the bilateral lower extremities. Associated symptoms include difficulty with ambulation, muscle spasms, numbness in the left leg and bilateral lower extremity weakness. The injured worker also noted balance loss several times. The pain was rated 7 out of 10 on the visual analog scale. Examination of the lumbar spine revealed a restricted range of motion due to pain. Flexion was limited to 60 degrees and extension 10 degrees. No spinal process tenderness was noted. Lumbar facet loading was positive on both sides. A straight leg raise test was negative on both sides. Hyperesthesia was present over the medial calf on the left side. The treating physician recommended a lumbar epidural steroid injection since there is evidence radiculopathy. Treatment and evaluation to date has included medications, urine drug screen and a spinal cord stimulator. The spinal cord stimulator was noted to be ineffective. Current medications include Desoxyn, Losartan, Norco, Zofran, Lunesta, Gabapentin and Oxycontin. The Request for Authorization dated 10-3-15 is for a lumbar epidural steroid injection at Lumbar five-Sacral one bilaterally. The Utilization Review documentation dated 11-6-15 non-certified the request for a lumbar epidural steroid injection at Lumbar five- Sacral one bilaterally.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar epidural injection L5-S1 Bilaterally:** 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:** Based on the 10/19/15 progress report provided by the treating physician, this patient presents with aching, throbbing low back pain rated 7/10, radiating to the bilateral thigh/leg/foot with spasms, numbness in the left leg, and weakness in the bilateral lower extremities. The treater has asked for LUMBAR EPIDURAL INJECTION L5-S1 BILATERALLY on 10/19/15. The patient's diagnoses per request for authorization dated 10/30/15 are chronic pain syndrome, postlaminectomy sx NEC, low back pain, radiculopathy L-region. The patient states that icing/heat, laying supine, and medications improve her symptoms per 10/19/15 report. The patient is s/p episodes of losing her balance 2-3 times this past month and a half, but has been able to get back up on her own per 8/25/15 report. The patient has not hit her head or lost consciousness, and the patient prefers not to use a cane per 8/25/15 report. The patient is s/p spinal cord stimulator trial but it was not effective for her per 10/19/15 report. The patient is currently temporarily totally disabled per 10/19/15 report. MTUS Guidelines, Epidural Steroid Injections section, page 46 states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The treater states: "Patient would benefit from LESI, please approve" per 10/19/15 report. Per review of reports, there is no evidence that this patient has had any prior lumbar epidural steroid injections. Per progress note dated 8/25/15, the provider notes that this patient has been experiencing ongoing lower back pain with a radicular component in the lower extremities. There are subjective reports of numbness and weakness in the bilateral lower extremities. Although there is a diagnosis of radiculopathy of the lumbar region, there is no physical exam that documents radiculopathy, as there is a negative straight leg raise, a normal motor exam, and a normal sensory exam except for hyperesthesia present over medial left calf. There is no record of a prior lumbar MRI; however, as the 10/19/15 report is concurrently requesting one. Although physical examination showed evidence of neurological deficit in the medial left calf, there is no evidence of deficit on the right side and no explanation as to why the request is for a bilateral injection. Additionally, there is no imaging of the lumbar spine showing nerve root dysfunction. Therefore, the request IS NOT medically necessary.