

<b>Case Number:</b>	CM15-0042310		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 8-14-14. Her diagnoses include low back pain with lumbosacral sprain and lumbar-thoracic radiculopathy. Her work status is modified duty. A report dated 1-26-15 revealed the injured worker presented with complaints of intermittent low back pain that radiated to her right buttock, right posterior lateral leg, right lateral foot and the last three toes. The pain is described as sharp, dull, achy and is rated at 7 out of 10. She reports right leg weakness and a feeling as if her right leg has fallen asleep. Her pain is divided as, low back 40% and right leg is 60%. She reports sitting or leaning on her left side improves the pain and walking and bending increase her pain. A note dated 2-12-15 states she reports constant sharp low back and bilateral leg pain rated at 8 out of 10 with medication. A physical examination dated 1-26-15 revealed difficulty rising from a seated position, an altered gait, and she is unable to heel and toe walk. There is "midline low back tenderness, positive dural tension sign right leg in the L5 and S1 distribution" An exam on 2-12-15 reveals an altered gait, midline tenderness over the "lumbar spine arch, bilateral lumbar paraspinal tenderness" and decreased range of motion. Treatment to date has included the medications Norco and Neurontin, which help to maintain her functional ability, per note dated 1-9-15. She uses cane for ambulation. Diagnostic studies to date have included x-rays, toxicology screen and MRI. MRI on 12/18/14 showed diffuse edema centrally and at L5-S1, mild narrowing of central canal caused by a left paracentral posterior disc/osteophyte complex and epidural lipomatosis with marked bilateral facet joint arthropathy. There was moderately severe narrowing of the right neural foramina with mild impingement of the exiting right L5

nerve root. A request for authorization dated 2-23-15 for one transforaminal epidural steroid injection at the right L5 and S1 with fluoroscopy guidance as an outpatient is non-certified as radiculopathy is not clearly identified and it does not appear the injured worker has undergone extensive conservative care, per Utilization Review letter dated 3-3-15.

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

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

**1 Transforaminal Epidural Steroid Injections at right L5-1 and S1 with fluoroscopy guidance as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Regarding the request for 1 Transforaminal Epidural Steroid Injections at right L5-1 and S1 with fluoroscopy guidance as an outpatient, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. However, the MRI corroborates a diagnosis of radiculopathy for the right L5 nerve only and not the S1 nerve as well; it also shows an epidural lipomatosis. Additionally, there are no physical therapy or manual therapy notes to show failure of conservative treatment. In the absence of such documentation, the currently requested 1 Transforaminal Epidural Steroid Injections at right L5-1 and S1 with fluoroscopy guidance as an outpatient is not medically necessary.