

<b>Case Number:</b>	CM15-0051606		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/02/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 72 year old male, who sustained an industrial injury on September 2, 2008. The injured worker was diagnosed as having lumbar spondylosis with radiculopathy, right greater than left lower extremity, lumbar sprain/strain with multilevel degenerative changes, (scoliosis with apex at L4-L5 and 2mm broad based disc bulge causing mild to moderate left and mild right neuroforaminal stenosis at L3-L4, a 5mm broad based disc bulge with facet arthropathy and moderate bilateral neuroforaminal stenosis at L4-L5, L5-S1 4mm disc bulge with mild to moderate facet arthropathy and moderate right and severe left neuroforaminal stenosis per MRI performed June 3, 2014), episodic bowel and bladder incontinence, and depression secondary to chronic pain. Treatment to date has included lumbar transforaminal epidural steroid injection (ESI), physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of increased low back and right greater than left lower extremity pain, with depression, and pain radiating into the pelvic floor and testicles. The Treating Physician's report dated February 18, 2015, noted the injured worker received a left L3-L4 and L4-L5 transforaminal epidural steroid injection (ESI) on September 5, 2012 with 80% improvement of right lower extremity symptoms for eight weeks. The injured worker was noted to continue with Norco for breakthrough pain, Gabapentin for neuropathic pain, and Cymbalta for neuropathic pain, chronic pain, and depression. The injured worker was noted to have diffuse myofascial tenderness through L4 to S1 and positive straight leg raise bilaterally. Sensory examination was noted to show decreased light touch in the right greater than left L4, L5, and S1 dermatomes. The treatment plan was noted to include requests for authorization for Norco,

Gabapentin, Cymbalta, and a right L4-L5 and L5-S1 transforaminal epidural steroid injection (ESI) under fluoroscopic guidance.

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

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

**Right L4-5 and L5-S1 Transforaminal ESI under Fluoroscopic Guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

**Decision rationale:** The medical records report radicular pain with physical exam findings of reduced sensation in a radicular distribution. The notes report an ESI being done and does quantify the degree of pain improvement and notes duration of 8 weeks of 80% improvement. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As the records reflect physical findings fo radiculopathy with demonstrated improvement by previous ESI, the records support repeat ESI. Therefore, the requested treatment is medically necessary.