

<b>Case Number:</b>	CM15-0087981		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 25 year old female who sustained an industrial injury on 02/08/2012 when lifting a 20 pound bag. The injured worker was diagnosed with degeneration of the lumbar/lumbosacral intervertebral disc, L5 radiculopathy and depression. Treatment to date includes diagnostic testing, acupuncture therapy, chiropractic therapy, and physical therapy, epidural steroid injection at L5-S1 in January 2014 with aggravation of symptoms, lumbar brace, sleep study and medications. Diagnostic testing with electrodiagnostic examination in January 2015 supported a chronic L5 nerve root impingement bilaterally, greater on the left than on the right. According to the primary treating physician's progress report on March 25, 2015, the injured worker continues to experience low back pain with radiation to both lower extremities, left side greater than right side. The injured worker reports increasing numbness, tingling and weakness in her left lower extremity. The injured worker rates her pain level at 6-7/10 with medications and 9-10/10 without medications. Examination noted a slow and non-antalgic gait. There was diffuse bilateral lumbar paraspinous tenderness from L1 through S1 with 1+ palpable muscle spasms and tenderness to palpation over the gluteal and sacroiliac (SI) areas. There was decreased range of motion in all planes with positive straight leg raise on the left at 30 degrees and right at 40 degrees. Muscle strength and sensation was decreased and deep tendon reflex testing noted bilateral symmetrical 1+ patellar reflex, absent Achilles on the left and 1+ on the right. Current medications are listed as Gabapentin, Naproxen, Dilaudid, Dendracin topical analgesics and Amitriptyline. Treatment plan consists of increasing Gabapentin, adding diclofenac twice a day, and continue with Dilaudid and the current request for a L4-L5 epidural steroid injection under fluoroscopy.

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

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

### **Left L4-L5 Epidural Steroid Injection under Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46, 78, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI 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. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Left L4-L5 Epidural Steroid Injection under Fluoroscopy is not medically necessary and appropriate.