

<b>Case Number:</b>	CM15-0232202		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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 male, who sustained an industrial injury on 7-11-2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, cervical radiculitis, cervical disc degeneration, lumbar disc degeneration, and lumbar facet arthropathy. On 10-7-2015, the injured worker reported neck pain accompanied by intermittent tingling in the right upper extremity to the level of the hand to the fingers and numbness intermittently in the right upper extremity, low back pain that radiated down the bilateral lower extremities to the bilateral feet with frequent numbness, and moderate difficulty with sleeping. The injured worker rated his pain as 6 out of 10 on average with and without medications since the previous visit, unchanged since the previous visit. The Treating Physician's report dated 10-7-2015, noted the injured worker's pain was improved with sitting and taking medications. The physical examination was noted to show the lumbar spine with tenderness to palpation in the spinal vertebral area L4-S1 levels with limited range of motion (ROM) due to pain, and straight leg raise positive bilaterally. The Physician noted a 6-13-2012 lumbar spine MRI that showed multilevel degenerative disc disease with disc osteophyte complex at L1-L2 and L4-L5 with mild canal stenosis and degenerative changes in the facet joints at L4-L5 and mild canal stenosis at L5-S1. Prior treatments have included bilateral L3-L4 and L4-L5 facet medial branch blocks 7-7-2015 with good (50-80%) overall improvement with good functional improvement for 7 days. The treatment plan was noted to include recommendations for consideration for a cervical facet blocks, lumbar transforaminal steroid injections bilateral L4-L5, and medications of Atorvastatin, Levothyroxine, Losartan, Methocarbamol, Terazosin, and

Uloric. The request for authorization dated 10-29-2015, requested bilateral (lumbar) L3-L5 transforaminal epidural under fluoroscopy. The Utilization Review (UR) dated 11-5-2015, non-certified the request for bilateral (lumbar) L3-L5 transforaminal epidural under fluoroscopy.

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

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

**Bilateral (lumbar) L3-L5 transforaminal epidural under fluoroscopy: 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 9/9/15 progress report provided by the treating physician, this patient presents with occasional neck pain radiating down the right upper extremities, right hand/fingers with intermittent numbness/tingling in the right upper extremity to level of hands/fingers, frequent low back pain radiating down bilateral lower extremities and feet with frequent numbness to the feet, rated 6/10 with medications and 7/10 without medications. The treater has asked for bilateral (lumbar) L3-L5 transforaminal epidural under fluoroscopy on 9/9/15. The patient's diagnoses per request for authorization dated 9/24/15 are cervical disc degeneration, cervical radiculitis, lumbar disc degeneration, and lumbar facet arthropathy. The patient is s/p medial branch nerve block at bilateral L3-5 from 7/7/15 with 50-80% overall improvement for 7 days per degenerative report. The patient's pain is unchanged per 8/12/15 report. The patient's pain is improved with sitting and taking medications per 8/12/15 report. The patient is currently not working per 9/9/15 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. Per 9/9/15 report, the treater states: The patient has failed conservative treatment and wishes to proceed with a lumbar epidural steroid injection. The patient is in the diagnostic phase of receiving epidural steroid injections, as this will be the patient's initial injection. Per review of reports, there is no evidence that this patient has had any prior lumbar epidural steroid injections. Per progress note dated 9/9/15, the provider notes that this patient has been experiencing ongoing back pain with a radicular component in the lower extremities. There are subjective reports of numbness and weakness in the bilateral lower extremities. However, 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. A lumbar MRI dated 6/13/12 showed multilevel degenerative disc disease with disc osteophyte complex at L1-2 and L4-5. There is mild canal stenosis and degenerative changes in the facet joints at L4-5 and mild canal stenosis at L5-S1 per 9/9/15

report. In this case, there are subjective reports of radicular pain but the physical exam does not show evidence of radiculopathy as there is a normal motor and normal sensory exam, as well as a negative straight leg raise. Therefore, the request is not medically necessary.