

<b>Case Number:</b>	CM14-0117315		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old female who has submitted a claim for lumbar radiculopathy, lumbar discogenic spine pain, and muscle spasm associated with an industrial injury date of 01/04/2014. Medical records from 01/04/2014 to 06/09/2014 were reviewed and showed that patient complained of low back pain graded 9-10/10 radiating down the left leg. Physical examination revealed tenderness over the lumbar spine, decreased ROM, weakness of left ankle dorsiflexors and extensor hallucis longus, and intact sensation and DTRs of lower extremities. X-ray of the lumbar spine dated 01/06/2014 revealed spondylolisthesis. MRI of the lumbar spine dated 02/06/2014 revealed left L3 and bilateral L5 nerve root impingement. Treatment to date has included physical therapy, pain medications, chiropractic care, and HEP. There was no documentation of functional outcome with aforementioned treatments. Utilization review dated 08/26/2014 modified the request for Left L3,L4, and L5 lumbar transforaminal epidural steroid injection with anesthesia, x-rays, and fluoroscopic guidance to a single level of unilateral 2-level or bilateral 1-level transforaminal epidural steroid injections without anesthesia because anesthesia was not routinely indicated for epidural injections. Utilization review dated 08/26/2014 denied the request for x-rays because there was no demonstrated need for x-ray prior to epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3,L4, and L5 lumbar transforaminal epidural steroid injection with anesthesia, x-rays, and fluroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Epidural Steroid Injections (ESIs), Page(s): , page 46.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; No more than two nerve root levels should be injected using transforaminal blocks; No more than one interlaminar level should be injected at one session. In this case, the patient complained of low back pain radiating down the left leg. Physical findings included weakness of left ankle dorsiflexors and extensor hallucis longus and intact sensation and DTRs of lower extremities. The patient's clinical manifestations were consistent with focal neurologic deficit to support presence of radiculopathy. MRI of the lumbar spine was done on 02/06/2014 with results of left L3 and bilateral L5 nerve root impingement. However, physical exam findings were incongruent with imaging study results to support ESI. Moreover, there was no documentation of functional outcome from previous treatments to indicate treatment failure. The request of 3-level ESI likewise is not in conjunction with guidelines recommendation. Therefore, the request for Left L3, L4, and L5 lumbar transforaminal epidural steroid injection with anesthesia, x-rays, and fluoroscopic guidance is not medically necessary.

**X-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2004) Low Back Chapter, pages 303-304

**Decision rationale:** The dependent request, Left L3, L4, and L5 lumbar transforaminal epidural steroid injection with anesthesia, x-rays, and fluoroscopic guidance, was deemed not medically necessary. Therefore, the request for X-rays is not medically necessary.