

<b>Case Number:</b>	CM14-0120464		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/30/1994
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old male with a 9/30/94 date of injury, and status post lumbar spine fusion (undated). At the time (7/2/14) of request for authorization for Transforaminal lumbar epidural steroid injection and Iontophoresis, there is documentation of subjective (pain that radiates across low back and into both hips with severe spasm in back that interferes with ability to be up and out of his chair) and objective (antalgic gait, severely tender muscle bundles in bilateral buttock that elicited pain on palpation, pump pocket located in left lower quadrant of abdomen and catheter tract along left flank without redness, tenderness or swelling) findings, current diagnoses (failed back surgery syndrome with intractable low back pain sequela to industrial injuries with lower extremity radicular symptoms, severe back spasm with presence of trigger points, intrathecal and oral opioid therapy with unsatisfactory, disabled with poor functional status at this time, and alcohol use), and treatment to date (medications (including ongoing treatment with Dilaudid), surgery, and activity modifications). Medical report identifies a plan for a Transforaminal lumbar epidural steroid injection at L5-S1. Regarding Transforaminal lumbar epidural steroid injection, there is no documentation of subjective and objective radicular findings in the requested nerve root distribution, imaging findings at the requested level, and failure of additional conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome with intractable low back pain sequela to industrial injuries with lower extremity radicular symptoms, severe back spasm with presence of trigger points, intrathecal and oral opioid therapy with unsatisfactory, disabled with poor functional status at this time, and alcohol use. In addition, there is documentation of a plan for a Transforaminal lumbar epidural steroid injection at L5-S1. Furthermore, there is documentation of failure of conservative treatment (activity modification and medications) and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective findings (pain that radiates across low back and into both hips) and objective findings (antalgic gait, severely tender muscle bundles in bilateral buttock that elicited pain on palpation), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root distribution. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Furthermore, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Transforaminal lumbar epidural steroid injection is not medically necessary.

**Iontophoresis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Iontophoresis

**Decision rationale:** MTUS does not specifically address Iontophoresis for the low back. ODG identifies that Iontophoresis is not recommended for either lower back or upper back. Therefore, based on guidelines and a review of the evidence, the request for Iontophoresis is not medically necessary.