

<b>Case Number:</b>	CM14-0122177		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/04/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Physical Medicine & Rehabilitation, 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:

This patient is a 49 year old female with an injury date of 7/04/11. Based on the 6/17/14 progress report by [REDACTED] this patient complains of "severe pain to the lower extremities bilaterally" and some thigh pain anteriorly, as well, with some of the "worse pain over her abductors on the right side." This patient can forward flex about 46 degrees and complains of low back pain around the L6-S1 level. Exam of this patient shows this level is "tender to palpation, but appears to be over the pedicle screws possibly at the L5 level." Reflexes are "2+ patellar, absent Achilles" with "Babinskis downgoing bilaterally." Sensation is intact to "all dermatones bilateral lower extremities," although this patient tends to give way greater to about 4-4+/5 bilaterally. Impressions of the MRI lumbar spine without contrast performed on 1/08/14 show "postsurgical changes consistent with interbody fusion at L4-5 with at least partial laminectomies at L4 and L5 and pedicle screw fixation bilaterally at L4 and L5." Also, at L1-L2, there is a "mild disc height loss with a sequestered disc fragment residing in the right lateral recess of the right neural foramen at the inferior aspect of the L1 vertebral body measuring 4 mm AP. This contributes to mild to moderate right neural foraminal narrowing and likely impinges the exiting right L1 nerve root." Assessment for this patient is: 1. L-Spine Pain, Symptomatic.2. L-Spine Degenerative Disc Disease (DDD), Symptomatic.3. L-Spine Herniated Nucleus Pulposus (HNP)/Bulge, Symptomatic.4. L-Spine Radiculopathy, Symptomatic. The utilization review being challenged is dated 6/30/14. The request is for bilateral L1 Transforaminal ESI. The requesting provider is [REDACTED] and he has provided various reports from 1/27/14 to 6/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L1 Tranforaminal ESI:** Overturned

**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 Epidural steroid injections (ESIs), Page(s): 46 of 127.

**Decision rationale:** This patient presents with grade 4 pain on a 4 point scale, severe low back pain that radiates to the lower extremities bilaterally, with a history of L4-5 fusion. Her pain drawings are show pain "radiating from the lumbosacral region into the hamstring and calf on the right side and just the hamstring on the left the left hamstring stabbing pain in the right has pins and needles stabbing burning and aching pain this is also seen in the right calf," which began on 1/04/11 and she underwent L4-5 fusion on 1/10/12. The provider requests Bilateral L1 Transforaminal ESI for "diagnostic and hopefully, therapeutic purposes." Regarding epidural steroid injections, MTUS guidelines require documentation of radiculopathy defined by dermatomal distribution of pain corroborated by examination and imaging studies. Previously, she received "some benefit from physical therapy (unspecified number of sessions) but she got worse with electrical stimulation and surgery." Given radiculopathy was documented by the provider and corroborated by the MRI report of 1/08/14, which showed disc extrusion to the right side of L1, likely impinging the exiting L1 nerve root with adequate decompression of the spinal canal at L4 and L5, the request appears reasonable and supported by the MTUS guidelines. Therefore, this request is medically necessary.