

<b>Case Number:</b>	CM14-0123344		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/03/2004
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 and 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:

The patient is a 53-year-old male who has submitted a claim for cervical radiculopathy, status post cervical spinal fusion, lumbar radiculopathy, status post fusion lumbar spine, OSA (obstructive sleep apnea), and chronic pain associated with an industrial injury date of 7/3/2004. Medical records from 1/6/2014 up to 9/4/2014 were reviewed showing low back pain with radiations down the bilateral lower extremities R>L. Pain is accompanied by tingling and weakness down his bilateral lower extremities to the level of the foot. Pain is aggravated by activity, standing, and walking. The patient complains of frequent and severe muscle spasms in the low back. Pain is rated at 10/10 with or without medications. Patient has shown at least 50% pain relief from the prior ESI for a duration of at least 2 months. Lumbar examination revealed spasm over L4-S1. Tenderness was noted over the bilateral paravertebral area L3-S1 levels with limited ROM (range of motion). SLR (straight leg raise) was positive bilaterally. Motor exam showed weakness of the L3 to L5 myotomes, bilaterally. Sensation was diminished at bilateral lower extremities. MRI of the lumbar spine taken on 6/26/2014 revealed foraminal narrowing most notable on the right at L3-4 with a right far lateral disk protrusion which abuts the inferior exiting right L3 nerve root. Correlate for right L3 radicular symptoms. Congenitally narrow spinal canal. Treatment to date has included ESI, gabapentin, Robaxin, morphine, and omeprazole. Utilization review from 7/30/2014 denied the request for Bilateral L3-4 Transforaminal Epidural Steroid Injection using Fluoroscopy. The medical records in this case do not clearly contain a history, an exam, or diagnostic data to correlate with a radiculopathy at a particular level. In addition, guidelines do not clearly support benefit from epidural injections in a chronic setting such as this injury which is over a decade old.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-4 Transforaminal Epidural Steroid Injection using Fluoroscopy:** Overturned

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

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

**Decision rationale:** The CA 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; 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. In this case, the patient complains of low back pain with radiations down the bilateral lower extremities, R>L. Pain is accompanied by tingling and weakness down her bilateral lower extremities to the level of the foot. Patient has shown at least 50% pain relief from the prior ESI for a duration of at least 2 months. Lumbar examination revealed spasm over L4-S1. Tenderness was noted over the bilateral paravertebral area L3-S1 levels with limited ROM. SLR was positive bilaterally. Motor exam showed weakness of the L3 to L5 myotomes, bilaterally. Sensation was diminished at bilateral lower extremities. MRI of the lumbar spine taken on 6/26/2014 revealed foraminal narrowing most notable on the right at L3-4 with a right far lateral disk protrusion which abuts the inferior exiting right L3 nerve root. Correlate for right L3 radicular symptoms. Congenitally narrow spinal canal. Clinical manifestations were consistent with radiculopathy, and corroborated by imaging findings. Therefore, the request for Bilateral L3-4 Transforaminal Epidural Steroid Injection using Fluoroscopy is medically necessary.