

<b>Case Number:</b>	CM14-0143194		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 55-year-old male who reported a work related injury on 01/14/2010 attributed to activities required as a firefighter. The injured worker's diagnoses included lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy. Past medical treatment has included medication and a left carpal tunnel release in 1994. The injured worker had an EMG of the lower extremities which revealed mild chronic pattern with low grade right S1 lumbar radiculopathy with ongoing denervation. An unofficial MRI on 11/22/2011 revealed disc protrusions at L2-3, L3-4, L4-5, and L5-S1 with moderate facet arthropathy. Surgical history consists of a right carpal tunnel release in 1996. On 08/12/2014, the injured worker complained of pain in his lower back which radiated down to both lower extremities, right greater than left. The injured worker had pain in the left, mostly distal with neuropathic type pain in the L5 distribution with vasomotor changes, aggravated with extension. In regards to the lumbar spine, an examination revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. Atrophy was noted in the bilateral lower extremities. A sensory exam with the Wartenberg pinprick wheel was decreased along the posterolateral thigh and the lateral calf in approximately the L5 distribution, left greater than the right. The straight leg raise in the modified sitting position was positive at 60 degrees bilaterally. The injured worker was prescribed Aleve 4 to 5 tablets every day as needed. The treatment plan consisted of a transforaminal epidural steroid injection bilaterally at L5-S1 with fluoroscopy (series of 2). The rationale for the request was that the injured worker had been using Aleve more and more on a daily basis and his pain had gotten worse. The injured worker also performed a self-directed physiotherapy and stretching program. However, these interventions were not working so the

physician believed that the injured worker needed treatment that was more aggressive. The Request for Authorization form was not submitted for review.

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

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

**Transforaminal Epidural Steroid Injection at Bilateral L5-S1 with Fluoroscopy (series of 2): Upheld**

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

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

**Decision rationale:** The request for transforaminal epidural steroid injections bilaterally at L5-S1 with fluoroscopy with a series of 2 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Furthermore, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Pain must be initially unresponsive to conservative care. Additionally, a second block is not recommended if there is inadequate response to the first block. It is noted within the documentation that the injured worker had ongoing lumbar radicular complaints and failed conservative therapy. No official imaging studies or electrodiagnostic tests were provided. An initial steroid injection must first be done before a second can be approved. Upon receiving an epidural steroid injection, there must be documentation stating the efficacy of the injection. As such, the request for transforaminal epidural steroid injections bilaterally at L5-S1 with fluoroscopy (series of 2) is not medically necessary.