

<b>Case Number:</b>	CM14-0147958		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/12/2001
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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, has a subspecialty in Interventional Spine 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 50-year-old male with an injury date of 12/12/2001. According to the 09/05/2014 progress report, the patient has pain in his lower back which radiates down to both lower extremities. He rates his pain as an 8/10 and is aggravated by any type of bending, twisting, and turning. He has a stiff and antalgic gait favoring the left lower extremity. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout the lumbar paraspinal muscles. The patient also has a decreased range of motion with obvious muscle guarding. The straight leg raise in the modified sitting position is tested as being positive causing radicular symptoms to both lower extremities. In regards to the left knee, the patient has tenderness to palpation along the medial and lateral joint line and a positive McMurray's test. The 05/03/2013 MRI of the lumbar spine revealed at L1-L2 and L2-L3, there is a 3-mm broad-based disk protrusion with bilateral facet arthropathy and bilateral neuroforaminal stenosis. At L3-L4, there is a 5.2-mm disk bulge with associated facet arthropathy and bilateral neuroforaminal stenosis. At L4-L5 and L5-S1, there is interbody fusion with disk prosthesis. The 12/11/2012 EMG study of the lower extremities revealed chronic denervation at left L4, L5, and S1 distribution. The patient's diagnoses include the following: 1. Lumbar degenerative disk disease. 2. Status post IDET/nucleoplasty decompression at L4-L5, 11/14/2002. 3. Status post right carpal tunnel release. 4. Spinal cord stimulator placement, 11/10/2005 with revision 02/02/2009 with subsequent removal, 02/01/2010. 5. Right lateral epicondylitis. 6. Medication-induced constipation, gastritis. 7. L4-L5 and L5-S1 PLIF, 03/06/2012 with subsequent removal of the hardware and extension of fusion at L2-L3 and L3-L4, 09/19/2013. 8. Left medial meniscus tear industrially related; S/P arthroscopy 10/10/2012, industrial. 9. Medication-induced gastritis. The

utilization review determination being challenged is dated 09/09/2014. There is one treatment report provided from 09/05/2014.

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

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

**Diagnostic transforaminal epidural steroid injection at S1 bilaterally, fluoroscopically guided:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** According to the 09/05/2014 progress report, the patient complains of having lower back pain which radiates down to both his lower extremities. The request is for diagnostic transforaminal epidural steroid injection at S1 bilaterally, fluoroscopically guided. There is no indication provided in regards to if the patient has previously had an ESI. In reference to an epidural steroid injection, MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 12/11/2012 EMG of the lower extremity revealed denervation at left L4, L5, and S1 distribution. The patient also had a positive straight leg raise in the sitting position which caused radicular symptoms to both lower extremities. A trial of ESI may be reasonable. Recommendation is for authorization.