

<b>Case Number:</b>	CM14-0150489		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/04/13 when, while working as a transit operator, he was involved in a motor vehicle accident. His vehicle was struck by a truck while he was stopped at a red light. Treatments have included injections, medications, physical therapy, and participation in a Functional Restoration Program. He was seen on 06/27/14 with neck and back pain radiating into the left upper and lower extremity. Pain was rated at 4/10 with and 8/10 without medications. Medications were working well. Prior testing had included EMG/NCS testing in November 2013 showing findings of a chronic left L4 and L5 radiculopathy. He had undergone a transforaminal epidural steroid injection on 12/11/13 with at least 50% low back pain relief and 100% radiating leg pain for one week. A second transforaminal epidural steroid injection on 05/28/14 is referenced as having been very helpful in reducing neuropathic leg pain with symptoms initially decreased by 80%. He had been able to decrease his use of Norco after the procedure. Medications were Lyrica 100 mg two times per day and Norco 10/325 mg three times per day. An MRI of the lumbar spine in August 2013 had shown findings of multilevel moderate to severe foraminal narrowing. Physical examination findings included a wide based antalgic gait with decreased lumbar spine range of motion. There was right-sided paraspinal muscle spasm with tenderness. Straight leg raising was negative. There was right-sided PSIS and sacroiliac joint tenderness and tenderness over the greater trochanters bilaterally. There was decreased left lower extremity strength. Authorization for a TENS unit was requested. On 08/22/14 pain was rated at 4/10 with and 8/10 without medications. He had completed acupuncture and physical therapy treatments. He had been evaluated for surgery which had been recommended. He was having worsening low back, bilateral buttock, and left leg pain with numbness and tingling. The prior lumbar epidural steroid

injection is referenced as having completely worn off. He was requesting a repeat epidural injection while waiting for surgery. Physical examination findings also included decreased left lower extremity sensation. Authorization for a repeat transforaminal epidural steroid injection was requested. The assessment references holding off on the procedure if surgery were to be approved. On 09/24/13 a lumbar laminectomy was scheduled for October 9, 2014.

**IMR DECISION(S) AND RATIONALE(S)**The Final Determination was based on decisions for the disputed items/services set forth below: 1. Transforaminal epidural steroid injection, left L4 per radio frequency ablation (RFA) dated 9/2/14 quantity: 1.00 is medically necessary and appropriate. The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural Steroid Injections, page 46. The Expert Reviewer's decision rationale: The claimant is more than one year status post work related injury with lumbar radiculopathy. He has already had two transforaminal epidural steroid injections with benefit. He is scheduled for lumbar spine surgery. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections 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.

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

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

**Transforaminal epidural steroid injection, left L4 per radio frequency ablation (RFA) dated 9/2/14 quantity: 1.00:** 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 Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is more than one year status post work related injury with lumbar radiculopathy. He has already had two transforaminal epidural steroid injections with benefit. He is scheduled for lumbar spine surgery. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections 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 requested epidural injections are within applicable guidelines and therefore were medically necessary.

**Transforaminal epidural steroid injection, left L5 per radio frequency ablation (RFA) dated 9/2/14 quantity: 1.00:** 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 Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is more than one year status post work related injury with lumbar radiculopathy. He has already had two transforaminal epidural steroid injections with benefit. He is scheduled for lumbar spine surgery. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections 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 requested epidural injections are within applicable guidelines and therefore were medically necessary.