

<b>Case Number:</b>	CM14-0165356		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 51 year old male with a reported date of injury on 07/08/2010. The mechanism of injury was "electrocution." He was diagnosed with Lumbar spondylosis at L2-L3, L3 through S1 retained hardware status post posterior interbody fusion in 1997, failed back surgery syndrome, lumbar vertebra retrolisthesis and anterolisthesis of L2 on L3 with spine instability, right lumbar radiculitis and sciatica, bilateral lumbar facet hypertrophy at L2-L3, chronic myofascial pain syndrome. His past treatments included lumbar epidural steroid injections, C7-T1 translaminar cervical epidural steroid injections on 06/04/14 and 09/24/2014, physical therapy, medications, TENS unit, exercise, and a nerve block. His diagnostics included MRI of lumbar spine on 03/07/2014 revealed spondylosis and stenosis above the fusion at L2-3. His surgical history included a 3 lumbar level fusion 12 years prior. On 08/29/2014, the injured worker complained of severe low back pain shooting down his legs, right more than left with tingling, numbness, and paresthesia. He rated his pain 7-8/10. Upon physical examination, there mild atrophy of the paraspinal muscles. Range of motion of lumbar/sacral spine was severely restricted. Hyperextension maneuver of the lumbar spine was strongly positive. Right-sided seated straight leg raise was 40-50 degrees and left-sided seated straight leg raise was 50-60 degrees. Manual motor strength was 5/5 except right extensor hallucis longus and plantar flexors were 4+/5. His medication regimen included Duragesic patch 100 mcg, Protonix 20 mg, Relafen 750 mg, Colace 250 mg, Neurontin 600 mg and Norflex 100 mg. The treatment plan included right-sided L5-S1 transforaminal and caudal epidural steroid injection for severe flare-up of low back pain shooting down in right leg with tingling, numbness and paresthesia. He would continue his medications, range of motion, stretching, strengthening and spine stabilization home exercise. The rationale for the request was for low back pain shooting down

in fight with tingling, numbness and paresthesia. The request for L5-S1 transforming and caudal epidural steroid injection was submitted dated 09/03/2014.

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

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

**Right sided L5-S1 transforming and caudal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for L5-S1 transforming and caudal epidural steroid injection is not medically necessary. The injured worker had low back pain with pain radiating into the lower extremities. Right sided seated straight leg raise was 40-50 degrees and left-sided seated straight leg raises is 50-60 degrees. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The documentation indicated an MRI of the lumbar spine was previously performed; however, the results of the MRI were not indicated and the official imaging report was not provided within the documentation. There is a lack of documentation indicating the injured worker had significant objective findings upon physical examination which are consistent with neurologic deficit including decreased sensation, weakness, and decreased reflexes. The documentation did not indicate the site at which the previous epidural steroid injections were performed. Additionally, there is a lack of documentation demonstrating why the injured worker would require an injection at the L5-S1 level and from a caudal approach. As such, the request for L5-S1 Transforming and Caudal Epidural Steroid Injection is not medically necessary.