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| <b>Case Number:</b>   | CM14-0171432 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 07/10/2008 |
| <b>Decision Date:</b> | 11/25/2014   | <b>UR Denial Date:</b>       | 09/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2014 |

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 72 year old female who sustained a work related injury on 07/10/2008 as result of a trip and fall hitting a pallet, causing injury to her right shoulder. Since then she's complained of right shoulder and lower back pain. Per her treating physician report dated Sept 18, 2014, the patient remains highly symptomatic with back left leg pain. Physical exam findings include Tenderness over the left paraspinal musculature from L4 to the sacrum, the left buttock and posterior thigh. Neurologically there is 3/5 weakness of the left extensor hallucis longus muscle, loss of sensation throughout her left leg, a diminished left patellar and bilateral Achilles reflexes and inability to toe or heel walk. Straight leg raise is painful at 45 degree on the left, negative on the right. Lumbar MRI dated Aug 8, 2014 identifies two level disc bulge at L4-5, L5-S1 with a 4mm left foraminal protrusion slightly increased in size since the previous examination which now mild to moderately narrows the left neural foramen and with facet hypertrophy minimally effaces the exiting left L4 nerve root. Additionally, there is a 3mm left paracentral protrusion with partial annular tear which minimally effaces the left ventral thecal sac without nerve root impingement. Disc bulge extending into the neural foramina results in mild right and slight left foraminal stenosis. In dispute is a decision for a Lumbar transforaminal epidural steroid injection (ESI) at left L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid injection (ESI) at left L4-L5:** 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 Pain Intervention and Treatments Page(s): 46.

**Decision rationale:** Recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. As there is a complaint of radicular symptoms that are collaborated with imaging studies, I find the request for Epidural Steroid Injection medically necessary.