

<b>Case Number:</b>	CM14-0180224		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old man who sustained a work related injury on August 1, 2012. Subsequently, he developed a chronic lower back pain. The patient experienced mild relief with rest, medications (Norco, Motrin, Naproxen, Ultram, and Percocet), physical therapy, and chiropractic therapy. The patient had also used TENS unit 3-4 times. On October 1, 2014, the patient continued complaining of low back pain with radiation into gluteal region. The patient noted excellent improvement in his condition with the right L3-4 TFESI. His pain went from an 8/10 to a 3/10 with improvement over 60-70% and has noted some "pain-free" days. The patient described his pain as sharp. The average level of his pain during the past 7 days was 5/10. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with flexion limited to 45 degrees limited by pain and extension limited to 20 degrees. Lumbar facet loading was positive on the right side. Straight leg raising test was positive on the right side in sitting at 80 degrees. Motor strength of EHL was 4/5 on right and 4+/5 on left. Ankle dorsi flexor's was 4+/5 on right and 5/5 on left. Knee extensor's was 5/5 on both sides and knee flexor's was 5/5 on both sides. Hip flexor's was 5/5 on both sides. On sensory examination, light touch sensation was decreased over the L4 and L5 lower extremity dermatomes on the right side and the L5 lower extremity dermatome on the left side. On examination of deep tendon reflexes, knee jerk was 0/4 on both sides; ankle jerk was 0/4 on both sides. Hoffman's sign was negative. The patient was diagnosed with lumbar radiculopathy and low back pain. Per the same progress report, review of the MRI of the lumbar spine (undated) showed a sig disc bulge at L3-4 with right eccentric bulge contracting the extraforaminal right L3 nerve root with mild B NF narrowing. There is also annular tear at this level. There is mild diffuse disc bulge at the L4-5 level with mild foraminal narrowing. The provider requested authorization for lumbar epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Transforaminal Lumbar Epidural Steroid Injection L3 and L4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is a candidate for surgery. The provider reported that the patient had an epidural steroid injection on October 1 2014; however he did provide objective evidence of improvement in pain and function and any reduction in pain medications. There is improvement beyond 2 weeks after injection. There is no clear recent clinical, neurophysiological and radiological evidence of radiculopathy. Therefore, the Transforaminal lumbar epidural steroid injection L3 and L4 is not medically necessary.