

<b>Case Number:</b>	CM14-0154372		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male sustained a work related injury on 11/16/2009. According to Utilization Review, the injury occurred when he was picking up an object when he felt the acute onset of pain to the low back. As of a progress report dated 03/12/2014, the injured worker complained of low back pain with numbness into both of his legs extending to his feet bilaterally. Neck pain with numbness into both of his arms extending into the hands was noted. He also had ongoing abdominal pain with headaches. He reported depression, anxiety and insomnia. Objective findings included ambulation with the aid of a cane due to weakness into the lower extremities. There was tenderness to palpation of the lumbar spine. Range of motion of the lumbar spine included flexion at 40 degrees, extension at 10 degrees, right lateral bending at 15 degrees and left lateral bending at 15 degrees. Sensation of the lower extremities was intact. The right inversion was 4+/5. The right tibialis anterior and left plantar flexion was 5-/5. Diagnoses included: Grade I Spondylolisthesis at L5-S1, Lumbar radiculopathy, Bilateral L5 spondylosis, L5-S1 moderate to severe bilateral neural foraminal narrowing and Type II diabetes. Work status was noted as permanent and stationary. Plan of care included request for transforaminal epidural steroid injection bilaterally at L5 and S1, computed tomography for the abdomen, follow up with a general surgeon for his abdominal pain and a psychological follow up for depression, anxiety and insomnia. Other treatments discussed included ice, heat and a brace. As of a progress report dated 05/07/2014, presenting complaints were unchanged from the previous visit. According to the most recent progress report submitted for review and dated 08/20/2014, the injured worker reported stabbing pain in his neck down his mid to low back that radiated into

his arms bilaterally. He reported stabbing pains in his low back to his stomach and burning pain in his legs bilaterally. He was able to sit, stand and walk for 10 minutes before he required a rest break. His current symptoms were rated 8-9 on a scale of 0-10. According to the provider treatments have included 25 sessions of acupuncture therapy in 2011 with minimal relief, 17 sessions of chiropractic therapy in 2013 with minimal relief and medications. Radiographic imaging reports were not submitted for review. On 09/10/2014, Utilization Review non-certified transforaminal lumbar epidural injection bilateral L4, L5 and S1 that was requested on 09/02/2014. According to the Utilization Review physician, MTUS Guidelines support epidural injections as an option for treatment of radicular pain, if radiculopathy is documented on the physical examination and corroborated by imaging studies and electrodiagnostic testing. No more than two nerve root levels should be injected using transforaminal blocks. In this case, the physical examination findings which have been provided are underwhelming for a radiculopathy problem as no neurologic deficits have been identified on the physical examination. More than two levels have been requested. Therefore the request was not considered appropriate. Guidelines cited for this review included CA MTUS Chronic Pain Epidural Steroid Injections page 46. The decision was appealed for an Independent Medical Review.

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

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

#### **Transforaminal lumbar epidural injection bilateral L4, L5, S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for transforaminal lumbar epidural injection, bilateral L4, L5, S1. The Utilization review denied the request stating that the physical examination findings which have been provided are underwhelming for radiculopathy problem as no neurologic deficits have been identified on physical examination. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section, pages 46 and 47, recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy). The medical file provided for review includes 4 progress reports dating from 03/12/2014 through 08/20/2014. There is no imaging provided for review. The utilization review states that patient had a prior 2010 MRI which showed grade 1 anterolisthesis at L5 secondary to S1 with disk bulging at L3-L4 and L4-L5. In this case, the patient does report some burning pain into the bilateral legs; however, there are no MRI reports or EMG/NCV findings to confirm radiculopathy. The utilization review has made a reference to an MRI dating back to 2010 which showed anterolisthesis and disk bulging, but no significant stenosis was documented. The requested lumbar epidural injection IS NOT medically necessary.