

<b>Case Number:</b>	CM14-0213221		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 patient is a 35 year old female with an injury date of 4/23/13. Based on the 11/07/14 progress report, patient complains of "low back pain and radiating pain into her left hip" with "particularly acute pain in the left side of her low back with tightness along her spine." She also has pain that radiates into her left hip and buttock and lumbar pain that increases with prolonged sitting. Patient's throbbing, shooting, and aching pain is typically 5/10. Patient walks with a mildly antalgic gait toward the right with difficulty perform a toe walk secondary to pain. Exam shows palpable lumbosacral paraspinal muscle spasm with myofascial trigger points on the left, with twitch response and referral pattern, and acute pain with palpation over the left sacroiliac joint. Lumbar spine range of motion is forward flexion of 70 degrees with pain, extension to 20, left lateral flexion at 20 and right lateral flexion at 15 with mild pain. Motor strength is 4/5 on the left with hip flexion and 5/5 on the right secondary to pain. Motor strength is also 4/5 with knee flexion. Straight leg raise is positive at 80 with lower back pain and negative on the right at 85. Impressions for this patient are: 1. Lumbar degenerative disc disease with disc-osteophyte complex and herniated nucleus pulposus, impinging on the left L4 and left L5 nerve roots. 2. Lumbar radiculopathy. 3. Myospasm and myofascial trigger points. 4. Acute left sacroillitis. 5. Depression. 6. Fatigue and stress from pain and depression consistent with vitamin B12 deficiency. 7. Fibromyalgia. Work status as of 11/07/14: Restricted work duties (unspecified). The utilization review being challenged is dated 11/24/14. The request is for transforaminal lumbar epidural steroid injection left L4-L5. The requesting provider has provided reports from 6/24/14 to 11/07/14.

## 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 left L4-L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 47 of 127.

**Decision rationale:** Regarding epidural steroid injections, MTUS guidelines require documentation of radiculopathy defined by dermatomal distribution of pain corroborated by examination and imaging studies. The 8/26/14 AME reports references a 8/07/14 lumbar MRI, which showed: "Mild disc degeneration at L4-5 with a 3 mm far left posterolateral disc protrusion resulting in mild left L4-5 foraminal stenosis with thin 1 mm curvilinear annular fissure at the posterior of L4-5 disc margin. Posterior disc contour is otherwise preserved throughout the lumbar spine without evidence of neural impingement or spinal canal stenosis." Also referenced, is the 8/19/14 EMG/NCV study of the lower extremities which showed: "Evidence of chronic bilateral L5 (or L4) radiculopathy. Per the 11/07/14 report, this patient had a lumbar epidural steroid injection at L4 and L5 on 7/17/14 with greater than 50% improvement for approximately nine weeks. She has been able to "increase her physical activities, stand and walk for longer periods of time" and reports "being able to sleep throughout the night without waking due to pain." Patient also had a sacroiliac joint injection on 5/30/14 with over 50% improvement since the injection and reports being able to sleep for longer periods of time and is able to turn. Given evidence of radiculopathy that was confirmed by the 8/19/14 EMG/NCV studies, low back pain with tenderness and decreased sensation with painful range of motion, with a 3 mm far left posterolateral disc protrusion at the level of L4-5 per the 8/07/14 lumbar MRI, the request seems reasonable and supported by MTUS guidelines. The request is medically necessary.