

<b>Case Number:</b>	CM14-0218107		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/25/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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 & Rehabilitation, Pain Management

### 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 57 year old female reportedly sustained a work related injury on April 25, 2009 due to motor vehicle accident (MVA). Diagnoses include left knee surgery, thoracic and lumbar disc degeneration, spinal stenosis, lumbago, spinal fusion, laminectomy, multiple spinal surgeries, chronic pain and cervical spondylosis. Treatments include epidural steroid injection, physical therapy, chiropractic, ice, heat and medications. Magnetic resonance imaging (MRI) dated October 27, 2014 shows central canal narrowing, moderate degenerative disc disease (DDD) and disc bulge. Primary treating physician report dated August 30, 2014 provides the injured worker reports improvement of low back and hip pain since her joint injection on August 4, 2014 with increased ability to ambulate. There is also decreased low back spasms after trigger point injections. Neck pain continues with radiation down arms and numbness in the hands. Follow up primary treating physician report dated November 4, 2014 notes the injured worker went to the emergency department 3 times last week due to severe low back pain resulting in being admitted for 3 days. She continues to have low back pain. Physical exam shows upper extremity strength 5/5, negative Tinel's test, tenderness of lumbar sacral spine on palpation and 5/5 lower extremity strength. She is temporarily totally disabled with no lifting more than 20 pounds and no prolonged sitting, standing or walking. On December 2, 2014 utilization review denied a request received November 13, 2014 for transforminal lumbar injection at L1-L2. Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 30, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Transforaminal lumbar injection at L1-L2: Upheld**

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

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

**Decision rationale:** Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of radiculopathy at the L1 or L2 levels. The patient is noted to have full motor strength and sensory exam in a progress note associated with this request on date of service 11/4/14. DTRs are absent at the patella, but this correlates with an L4 nerve root problem which is not the target point of the currently requested ESI. Although lumbar MRI suggests stenosis at the level of L1-2, without an objective indication of radiculopathy, guideline criteria are not met.