

<b>Case Number:</b>	CM14-0050553		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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: Family Practice

### 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 36 year old female bartender with a date of injury on April 8, 2014 due to heavy lifting and continuous bending and ducking under the bar. Treatment to date has consisted of ice, heat, transcutaneous electrical nerve stimulation unit, rest, home exercise program, medications, acupuncture and physical therapy. Lumbar spine magnetic resonance imaging dated June 28, 2012 revealed, "There is disc degeneration and narrowing at L4-L5 with Modic type II fibrovascular changes at the end plates at L5-S1. L4-5: there is a downward pointing right median disc protrusion/extrusion with a 3 mm posterior protrusion with a 1 mm downward extension. There is moderate encroachment on the right lateral recess with possible right L5 impingement. There is mild central canal stenosis. There was slight neural foraminal encroachment. L5-S1: there is a 5-6 millimeter right greater than left bulge or protrusion with moderately severe right greater than left neuroforaminal stenosis. Posteriorly the disc abuts the transversing S1 nerves in the mildly stenotic central canal." She was seen on August 24, 2012 complaining of worsening low back pain with right lower extremity radiation. She is taking Norco, Voltaren and Zanaflex. Physical examination reveals positive straight leg raise, positive Lasegue on the right, and hypesthesia over the L5 and S1 dermatomes of the right foot. Diagnoses are lumbar spine myoligamentous sprain strain syndrome associated with a right-sided 6 mm disc protrusion at L5-S1 with moderately severe foraminal stenosis with abutment over the transversing S1 nerve root. There is also an L4-5 disc protrusion with 1 cm distal extension towards the right in the presence of lateral recess stenosis and right L5 nerve root impingement, all associated with right-sided radiculopathy. Since the patient has not responded

to physical therapy and acupuncture, she is now a candidate for epidural injection to see if surgery can be avoided. Utilization review dated March 10, 2014 reviewed a February 12, 2014 narrative at which time the examination findings did not establish evidence of radiculopathy and therefore the request for epidural steroid injection was non-certified.

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

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

**Transforaminal ESI, fluoroscopic guidance L4-L5, L5-S1:** 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 Epidural Steroid Injection Page(s): 45-46.

**Decision rationale:** Per the MTUS guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS guidelines require that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing., initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. The patient has subjective and objective physical examination findings documenting radiculopathy stemming from the lumbar spine. Physical examination reveals positive straight leg raise, positive Lasegue on the right, and hypesthesia over the L5 and S1 dermatomes of the right foot. Her physical examination findings are corroborated with imaging studies and she has failed conservative management. Therefore, the request for transforaminal ESI, fluoroscopic guidance L4-L5, L5-S1 is medically necessary.