

<b>Case Number:</b>	CM15-0010904		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Emergency Medicine

### 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 injured worker is a 59 year old female with an industrial injury dated 05/13/2011. Her diagnoses include chronic pain syndrome, lumbar spine strain/sprain, and lumbago. Recent diagnostic testing has included a MRI of the lumbar spine (11/14/2014) showing minimal grade 1 anterolisthesis at L3-L4, mild degenerative changes, and L3L5 facet arthropathy. She has been treated with physical therapy, medications, cervical fusion at C5-C7, previous epidural steroid injections, acupuncture, chiropractic therapy, conservative treatments, aquatic therapy, and electrical stimulation. In a progress note dated 12/04/2014, the treating physician reports pain in the low back with stiffness and spasms, left side worse than the right and radiating to the left lower extremity, despite treatment. The objective examination revealed diffuse tenderness bilaterally in the lumbar region, positive facet loading test bilaterally and restricted painful range of motion. The treating physician is requesting bilateral epidural steroid injections to the lumbar spine which were denied by the utilization review. Records show that patient received left L3-4 ESI on 2/25/14, Right L4-5 and Left L4-5 on 3/5/13 with no documented benefit. On 12/22/2014, Utilization Review non-certified a request for transforaminal epidural steroid injection at the left L3-L4, noting the absence neurological deficits indicative of radiculopathy, lack of supportive imaging studies, and lack of objective evidence that previous injections provided greater than 50% relief in symptoms. The MTUS Guidelines were cited. On 12/22/2014, Utilization Review non-certified a request for transforaminal epidural steroid injection at the right L3-L4, noting the absence neurological deficits indicative of radiculopathy, lack of supportive imaging studies, and lack of objective evidence that previous injections

provided greater than 50% relief in symptoms. The MTUS Guidelines were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of bilateral transforaminal epidural steroid injection at L3-L4.

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

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

#### **Transforaminal epidural steroid injection at left L3-L4: Upheld**

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

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. AME notes that pt is not a surgical candidate. The documentation fails to provide rationale for LESI except for short term pain relief. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. Patient has had multiple conservative and invasive treatment modalities that have repeatedly failed to provide any long term benefit. Meets criteria but is not clear why the provider believes that providing more invasive procedures to a patient that has failed to respond to multiple other failed attempts would be beneficial in any way. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI and electrodiagnostic studies that fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. 4) Repeat ESI is only recommended if more than 50% improvement in pain via objective findings lasting 6-8 weeks is documented. Provider has failed to document any benefit from prior bilateral ESIs. Documentation merely states "short term improvement" Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.

#### **Transforaminal epidural steroid injection at the right L3-L4: Upheld**

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

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. AME notes that pt is not a surgical candidate. The documentation

fails to provide rationale for LESI except for short term pain relief. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. Patient has had multiple conservative and invasive treatment modalities that have repeatedly failed to provide any long term benefit. Meets criteria but is not clear why the provider believes that providing more invasive procedures to a patient that has failed to respond to multiple other failed attempts would be beneficial in any way. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI and electrodiagnostic studies that fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. 4) Repeat ESI is only recommended if more than 50% improvement in pain via objective findings lasting 6-8 weeks is documented. Provider has failed to document any benefit from prior bilateral ESIs. Documentation merely states "short term improvement" Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.