

<b>Case Number:</b>	CM15-0011325		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<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: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained a work/ industrial lifting injury on 7/8/14. He has reported symptoms of low back pain with radiation to the left buttock with numbness and tingling in the left lateral leg with some mild weakness in the leg. Prior medical history was not included in the documentation. The diagnosis has included lumbosacral neuritis. Treatment to date has included medication, home walking exercises, chiropractic manipulation, physical therapy and diagnostics. An Magnetic Resonance Imaging (MRI) from 8/14/14 demonstrated L3-4 2 mm disc bulge, facet and ligamentum flavum hypertrophy, bilateral neuroforaminal narrowing, left > R. At L4-5, there was a 2-3 mm disc bulge, small tear within the lateral portion of the disc, facet arthrosis, and no canal stenosis or neuroforaminal compromise. No neural impingement was described. Mediations included Naproxen, Tramadol, Omeprazole and Gabapentin. The physician ordered an Epidural Steroid Injection for pain management. On 12/17/14 Utilization Review non-certified a Left Transforaminal Epidural Steroid Injection L5-S1 under fluoroscopic guidance and conscious sedation (between 12/12/14 and 1/26/15), noting the California Medical treatment Utilization Schedule (MTUS), Low back Complaints, Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Transforaminal Epidural Steroid Injection L5-S1 under fluoroscopic guidance and conscious sedation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Epidural Steroid Injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation, Online Edition Chapter, Pain Epidural Steroid Injection (ESIs)

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

**Decision rationale:** The patient presents with chronic low back pain rated 08/10. The request is for LEFT TRANSFORAMINAL EPIDURAL STEROID INJECTION L5-S1 UNDER FLUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION. The RFA provided is dated 12/10/14. Patient's diagnosis on 12/08/14 included chronic lower back pain, lumbosacral degenerative disc disease, and chronic lower back with left lower extremity radicular pain. Patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per the progress report dated 12/04/14, treater states, the goal of the epidural injections are to reduce the patient's radicular and discogenic pain and improve function. Examination of the lumbosacral spine on 12/08/14 showed flexion at 45 degrees, extension at 10 degrees, tenderness to palpation, and decreased sensation in the left posterior and left lateral leg. Lumbar MRI performed on 08/14/14 revealed L3-4 2 mm disc bulge, facet and ligamentum flavum hypertrophy, bilateral neuroforaminal narrowing, left > R. At L4-5, there was a 2-3 mm disc bulge, small tear within the lateral portion of the disc, facet arthrosis, and no canal stenosis or neuroforaminal compromise. No neural impingement was described. An EMG study was performed; however, the results were not provided. In this case, given the patient's radicular symptoms down the left leg, exam findings and MRI showing foraminal stenosis on the symptomatic side at L5-1, trial of an ESI appear reasonable. The medical records provided did not show a prior lumbar ESI. The request for lumbar epidural injection appears compliant with the MTUS recommendations. Therefore, the request IS medically necessary.