

<b>Case Number:</b>	CM15-0011389		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old female, who sustained an industrial injury on 12/19/2008 after a lifting incident. She has reported low back injury. The diagnoses have included lumbosacral spondylosis. Treatment to date has included medications, diagnostics, injections, surgery, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) and physical therapy with some pain relief. Currently, the injured worker complains of chronic back pain status post kyphoplasty and more recently the pain has worsened. The pain is rated 4/10 with right greater than left lumboisacral pain. She describes the pain as constant pressure, dull aching feeling. The pain is increased by standing up straight and decreased by lumbar flexion. Physical exam revealed limited range of motion in the back with extension, right and left axial rotation due to severe low back pain. The gait is antalgic and she ambulates without a device. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/20/14 revealed healing fractures, operative changes, and degenerative changes. Computed Tomography (CT) scan of the lumbar spine dated 6/3/14 revealed compression fractures, status post kyphoplasty, with marked compression fracture and multi-level stenosis. The last epidural steroid injection was 9/18/14 and she notes 50 percent reduction in radiating pain and she is able to function better with activities of daily living (ADL's). Treatment was for medications and Bilateral L1-2 Transforaminal Epidural Steroid Injection. On 1/7/15 Utilization Review non-certified a request for Bilateral L1-2 Transforaminal Epidural Steroid Injection, noting there was insufficient clinical evidence of lumbar radiculopathy as well as reduced medication use. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

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

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

**Bilateral L1-2 Transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient stated that her last epidural steroid injection was performed on September 18 2014 and she noted 50 percent reduction in radiating pain and she was able to function better with activities of daily living (ADL's). However, there is no evidence of reduced medication use with prior ESI. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, bilateral L1-2 transforaminal epidural steroid injection is not medically necessary.