

<b>Case Number:</b>	CM15-0117402		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 61 year old male, who sustained an industrial injury on 10/14/10. He reported initial complaints of cumulative type injury. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included left L4-L5 transforaminal epidural steroid injection (12/19/12); left L4-L5 transforaminal epidural steroid injection (8/27/14); Bilateral Medial Branch Blocks L4-5 and L5-S1 (9/17/14); right side L4-S1 RFA (11/9/14); left side L4-L5 and L5-S1 RFA (12/10/14); medications. Diagnostics included MR lumbar spine (4/6/15). Currently, the PR-2 notes dated 6/1/15 indicated the injured worker returns to this office as a follow-up visit. He notes the epidural steroid injection/transforaminal injection really helped in the past and "tied him over" for months. He feels at this point today the residual benefits have lasted but his pain has returned and it is moderate to severe. He states the pain is so severe he has thought of going to the emergency room (ER) a few times. He did go to the ER a month and a half ago for this pain. He would like to proceed with another injection until his surgeon is able to schedule a left L4-L5 and L5-S1 laminectomy and foraminotomy. The provider documents the injured worker's pain is in his low back and goes into the left hip. He continues to have numbness over the shin and his left foot. He is a status post right side L4-S1 radiofrequency ablation (RFA) (11/19/14) and left L4-S1 RFA on 12/10/14. He notes the RFA helped initially as he was able to walk a little more. His current medications are listed as: Neurotin 600mg, Norco 10/325mg every 6 hours for pain PRN and Motrin 100mg 1-2 tabs PRN; Tagamet 400mg one daily and Aspirin 81mg one daily. On physical examination, the provider

documents the lumbar spine reveals a midline shift. Range of motion is restricted with flexion limited to 40 degrees, extension to 15 degrees, right lateral bending to 15 degrees, left lateral bending to 15 degrees, lateral rotation to the left and right are both limited to 15 degrees. Neck movements are painful with flexion beyond 60 degrees and extension beyond 20 degrees. On examination of the paravertebral muscles, spasm, tenderness and tight muscle band is noted on the left side. All lower extremity reflexes are equal and symmetric. Spinous process tenderness is noted on both sides at L5. Babinski's sign is negative and the heel s/toes are normal. Straight leg raising test is positive with a negative FABER test. Waddell's sign is negative. He has a positive straight leg raise and Lasegue's on the left side. He has a normal reflex exam and diminished sensation along the left medial foot and over the dorsum of the foot on the right. Recent MRI of the lumbar spine dated 4/6/15, is documented with an impression of degenerative changes present in the lumbar region at multiple levels most pronounced at L4-5 level where there is a disc bulging and protrusion with ligamentous and facet hypertrophy causing significant central canal stenosis and foraminal compromise. Lesser changes are seen at the L3-4 and L5-S1 levels. No acute osseous injury is seen. No evidence of osseous metastatic disease.

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

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

#### **Left L4-5 and L5-S1 (left L4 and L5 transforaminal) transforaminal injection under fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living, currently pending surgical consideration. Criteria to repeat the LESI have not been met or established. The Left L4-5 and L5-S1 (left L4 and L5 transforaminal) transforaminal injection under fluoroscopy is not medically necessary and appropriate.