

<b>Case Number:</b>	CM15-0171584		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 69 year old, male who sustained a work related injury on 8-13-13. Treatments have included L4-5 and L5-S1 facet joint injections (pain relief) and repeat facet injections (without much relief). Medications he is currently taking are not noted. In the progress notes dated 7-6-15, the injured worker reports no symptoms. No physical exam noted. MRI of lumbar spine dated 6-9-15 gave an impression: "at L3-4, right far lateral disc protrusion which mildly impinges upon the right L3 nerve root after it exits the neural foramen and at L4-5, mild to moderate disc bulge with ligamentum flavum and facet hypertrophy resulting in mild central stenosis and moderate bilateral foraminal narrowing." He is not working. The treatment plan includes a recommendation for diagnostic and therapeutic left L4 and L5 lumbar transforaminal epidural steroid injections. In the Utilization Review, dated 7-30-15, the requested treatment of a left L4 and L5 transforaminal epidural steroid injection with conscious sedation and fluoroscopy is non-certified due to absence of objective evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4 and L5 transforaminal ESI and conscious sedation and fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with low back pain. He is neurologically intact but has persistent lumbar extension and flexion range loss. The request is for left L4 and L5 transforaminal ESI and conscious sedation and fluoroscopy. The request for authorization is dated 06/15/15. The patient is status post repeat facet injections, which did not help him much. MRI of the lumbar spine, 06/09/15, shows at L4-5 mild to moderate disk bulge with ligamentum flavum and facet hypertrophy resulting in mild central stenosis and moderate bilateral foraminal narrowing. Physical examination reveals mild loss of movement in lumbar flexion with severe loss of movement in extension, which triggers his left-sided low back pain. There is no pain with hip range of motion testing. Pulses are palpable in the feet. Straight leg raise test is negative bilaterally. He is tender over the lumbosacral region on the left, more so at the lumbosacral junction and then over the sacrum. Gaenslen, thigh thrust and pelvic distraction all reproduce this pain. Patient's medications include Humalog, Ibuprofen, Lantus, Metformin, Pantoprazole, and Quinapril. Per progress report dated 07/06/15, the patient remains on temporary total disability. MTUS, Epidural Steroid Injections Section, pages 46, 47 states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 08/10/15, treater's reason for the request is "His MRI scan did show a left-sided disc protrusion at L3/4 which would specifically adversely affect the L4 nerve root. That's an MRI scan showed foraminal narrowing at 4/5." In this case, patient present with only low back pain, treater does not discuss or document any lower extremity pain. Additionally, physical examination findings in this patient do not corroborate radiculopathy. Furthermore, MRI of the lumbar spine do not show significant evidence of radiculopathy. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Therefore, the request IS NOT medically necessary.