

<b>Case Number:</b>	CM15-0171737		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/05/1999
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/28/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male, who sustained an industrial injury on August 05, 1999. The injured worker was diagnosed as having chronic pain, myofascial pain syndrome, lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar radiculopathy. Treatment and diagnostic studies to date has included cognitive behavior therapy, lumbar epidural steroid injection, medication regimen, nerve blocks, use of a transcutaneous electrical nerve stimulation unit, acupuncture, psychiatric and psychological treatment, chiropractic therapy, home exercise program, and use of heat. In a progress note dated August 24, 2015 the treating physician reports complaints of sharp, dull, aching, electrical, shooting, burning pain to the low back, hips, buttocks, and feet along with pins and needles, numbness, and weakness. Examination performed on August 24, 2015 revealed tenderness to the lumbar five to sacral one level, pain across the lower back on extension and along the facets, tenderness to the left sciatic notch, antalgic and weak gait, and bilateral lumbar spasms. On August 24, 2015 the injured worker's current pain level was rated a 9 out of 10 on a "good day" and rated the current pain level as a 10 out 10 on a "bad day" with the previous pain rated a 2 out of 10 on a "good day" and the previous pain rated a 4 out of 10 on a "bad day". On August 24, 2015 the treating physician noted previous lumbar epidural steroid injection was performed with an unknown date was remarkable for "60 to 70% improvement of pain" that lasted about a year. On August 25, 2015 the treating physician requested two bilateral lumbar transforaminal epidural steroid injections at lumbar five to sacral one, two additional levels, and two x-rays of the lumbar spine with the treating physician noting that the previous lumbar epidural steroid injection has decreased the injured worker's pain and

symptoms and noted that the injured worker has a decreased range of motion with pain and neuromuscular symptoms to the left lower extremity. On August 28, 2015 the Utilization Review determined the requests for two bilateral transforaminal epidural injections at lumbar five to sacral one, two additional levels, and two x-rays of the lumbar spine to be non-certified.

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

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

#### **2 bilateral transforaminal epidural injections at L5-S1: 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 claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for low back, buttock, hip, and lower extremity pain. The claimant has a remote history of a lumbar laminectomy. When seen, there was lumbar facet pain with extension. There was left sciatic notch tenderness. There was an antalgic and weak gait. There was decreased left lower extremity strength and a decreased left ankle reflex with normal sensation. Prior diagnostic testing noted were x-rays, MRI, and CT scan. The results of the studies are not documented. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity strength and left ankle reflex. There are no reported imaging findings of electrodiagnostic test results. Bilateral injections are being requested and the claimant has left sided findings of radiculopathy. The requested epidural steroid injection is not considered medically necessary.

#### **2 additional level: 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 claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for low back, buttock, hip, and lower extremity pain. The claimant has a remote history of a lumbar laminectomy. When seen, there was lumbar facet pain with extension. There was left sciatic notch tenderness. There was an antalgic and weak gait. There was decreased left lower extremity strength and a decreased left ankle reflex with normal sensation. Prior diagnostic testing noted were x-rays, MRI, and CT scan. The results of the studies are not documented. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by

physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity strength and left ankle reflex. There are no reported imaging findings of electrodiagnostic test results. Bilateral injections are being requested and the claimant has left sided findings of radiculopathy. The requested epidural steroid injection is not considered medically necessary.

**2 x-rays of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for low back, buttock, hip, and lower extremity pain. The claimant has a remote history of a lumbar laminectomy. When seen, there was lumbar facet pain with extension. There was left sciatic notch tenderness. There was an antalgic and weak gait. There was decreased left lower extremity strength and a decreased left ankle reflex with normal sensation. Prior diagnostic testing noted were x-rays, MRI, and CT scan. The results of the studies are not documented. In this case, the reason for requesting lumbar x-rays is not specified. Fluoroscopy is being requested for an epidural steroid injection and a separate request for x-rays is not appropriate. There is no documentation that the request is for the evaluation of the claimant's fusion. The request is not medically necessary.