

<b>Case Number:</b>	CM15-0176811		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/09/2015
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial-work injury. On 2-9-15, A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, lumbago, wrist strain and sprain, neck strain and sprain, cervicgia and right sciatica. Medical records dated (4-20-15 to 6-17-15) indicate that the injured worker complains of back pain with burning, itchy sensation in the upper back. She also complains of low back pain that makes it difficult to go from sitting to standing, hurts to walk and her chest hurts at times. The pain is rated 6 out of 10 on pain scale. The medical record dated 7-29-15 the injured worker complains of a lot of pain still in the back and she wants to proceed with the lumbar epidural steroid injection (ESI). The back pain has increased to 8 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 7-29-15 the injured worker has returned to modified work as of 7-20-15. The physical exam dated 7-29-15 reveals mild right side limp. The back exam shows tenderness in the lumbosacral area. The range of motion shows 10 degrees of extension. On forward extension, she is able to bring her fingers to her mid thighs. The physician indicates that the injured worker has nerve compression L5-S1 from disk protrusion, spondylolisthesis and neuroforaminal stenosis. Treatment options were discussed including epidural steroid injection (ESI) and surgery. The injured worker reports that the sciatica has worsened and she wishes to move forward with the epidural steroid injection (ESI). Magnetic resonance imaging (MRI) of the lumbar spine dated 3-24-15 reveals moderate to severe bilateral facet degenerative changes with grade 1 spondylolisthesis at L5-S1, moderate to severe disc space narrowing, posterior disc bulge, annular fissure, and moderate bilateral neural foraminal narrowing. Treatment to date has included pain medication, Cognitive Behavioral Therapy (CBT) at least 13 sessions, physical

therapy (unknown amount), diagnostics and other modalities. The request for authorization date was 7-30-15 and requested service included 1 Outpatient lumbar transforaminal epidural steroid injection (ESI) on right side at L5-S1. The original Utilization review dated 8-6-15 non-certified the request as there is no documentation of objective findings consistent with radiculopathy, such as dermatomal sensation loss or myotomal deficits in a L5-S1 distribution, therefore, medical necessity not established per the guidelines.

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

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

#### **1 Outpatient lumbar transforaminal epidural steroid injection (ESI) on right side 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient lumbar transforaminal epidural steroid injection right L5 - S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications are functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; neck pain; low back pain with sciatica; L5 - S1 protrusion; spondylolisthesis L5 - S1; nerve compression L5 - S1 from disk compression. Date of injury is February 9, 2015. Request for authorization is July 30, 2015. According to a July 29, 2015 progress note, subjective complaints include ongoing cervical, thoracic and lumbar pain. Medications include Norco, lorazepam and sertraline. Objectively, there is tenderness palpation lumbar spine. There is no neurologic evaluation. There is no objective evidence of radiculopathy. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and no documentation with objective evidence of radiculopathy on neurologic examination, outpatient lumbar transforaminal epidural steroid injection right L5 - S1 are not medically necessary.