

<b>Case Number:</b>	CM15-0178822		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 42 year old female, who sustained an industrial injury on 8-6-12. The documentation noted on 7-27-15 the injured worker has complaints of low back pain that radiates down the bilateral lower extremities and radiates to the bilateral buttocks. The pain is aggravated by activity, bending, rotation, and standing, turning, twisting and walking. The injured worker reports moderate difficulty in sleep and complains of occasional muscle spasms in the low back. The injured worker rates her pain 7 out of 10 in intensity on average with medications and 9 out of 10 in intensity on average without medications. Spinal vertebral tenderness noted in the cervical spine C4-7 and range of motion of the cervical spine was slightly too moderately limited and pain was significantly increased with rotation. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 (sacroiliac) levels, range of motion of the lumbar spine was moderately limited secondary to pain, and pain was significantly increased with flexion and extension, rotation. Bilateral hip X-rays on 3-28-14 showed no bony abnormality, right and left hip. Magnetic resonance imaging (MRI) of the lumbar spine on 8-15-12 showed a 2-millimeter disc bulge at L2-3 and L4-5 levels and a 3-millimeter disc bulge at the L5-S1 (sacroiliac) level. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included transforaminal epidural steroid injection bilateral L4-S1 (sacroiliac) on 1-24-14, post procedure the injured worker reports excellent (greater than 80 percent) overall improvement; Toradol-B12 injection; transcutaneous electrical nerve stimulation unit is helpful, used daily sometimes more than once and opioid pain medications is helpful. The documentation noted that the injured worker stopped her norco due to severe constipation. The original utilization review (8-11-15) non-certified the request

for bilateral transforaminal epidural injection at the L4-5 and L5-S1 levels under fluoroscopy.

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

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

**Bilateral transforaminal epidural injection at the L4-5 and L5-S1 levels under fluoroscopy:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**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, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although there is report of 80% relief, duration is unspecified and criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Bilateral transforaminal epidural injection at the L4-5 and L5-S1 levels under fluoroscopy is not medically necessary and appropriate.