

<b>Case Number:</b>	CM15-0037966		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 was a 58 year old male, who sustained an industrial injury, June 3, 2011. According to progress note of January 21, 2015, the injured workers chief complaint was lower back and right lower extremity pain. The injured worker was also complaining of headaches since the Cymbalta was stopped. The injured worker rated the pain at 8 out of 10; 0 being no pain and 10 being the worse pain with increased numbness in the right lower extremity. The injured worker felt the monthly injections of B complex and Toradol, helped with functional improvement and energy. The physical exam noted the injured worker had an antalgic gait. The injured worker appeared to be combative, depressed, very irritable, angry, anxious, restless and despaired. The injured worker was diagnosed with intermittent urinary incontinence after injury, chronic back pain, L2-L3 discectomy, Hepatitis C and hypertension, lumbago and sciatica. The injured worker previously received the following treatments MRI of the lumbar spine, TENS (transcutaneous electrical nerve stimulator) unit daily, Lidoderm patches, brace, Frova, Norco, Tizanidine, Colace, Cymbalta, Ranitidine, Aspirin, Losartan, physical therapy, monthly injections of B complex and Toradol and psychiatric intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal epidural steroid injection at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Epidural Steroid Injections (ESIs); Opioids, Specific Drug List; Opioids Page(s): 46, 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Hydrocodone/Acetaminophen; Online version Official Disability Guidelines (ODG) - Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Opioids; Online version Official Disability Guidelines (ODG) - ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Opioids, Specific Drug List, Online version Official Disability Guidelines (ODG), ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIs), Therapeutic, Online version Official Disability Guidelines (ODG), ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Epidural Steroid Injections, Diagnostic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with low back pain radiating to right lower extremity. The request is for BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-L5. The request for authorization is dated 01/29/15. The patient is status-post Right L3 and L4 medial branch block, 05/03/13. MRI of the lumbar spine, 11/28/14, shows L4-5: moderate facet hypertrophy is worse on the left than the right with disc spur complex causing moderate bilateral foraminal stenosis, disc spur complex contacts each exiting L4 root. Patient is using TENS daily with relief of pain and spasm, 2-3 hours daily. Patient's medications include Lidoderm, Frova, Norco, Tizanidine, Docusate Sodium, Cymbalta, Ranitidine, Aspirin and Losartan Potassium. The patient's work status is not provided. MTUS page 46, 47 states that an ESI is "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." Per progress report dated, 01/21/15, treater's reason for the request is "in order to address the radicular component of their pain." MRI scan of the lumbar spine, 11/28/14, shows bilateral foraminal stenosis at L4-5 worse on non-symptomatic LEFT side. Given the foraminal stenosis, a trial of ESI at this level may be appropriate but the treater does not document or discuss any physical examination findings to corroborate radiculopathy. It is also not known why the request is for bilateral injections when the patient has symptoms on right side only. Therefore, the request IS NOT medically necessary.