

<b>Case Number:</b>	CM14-0102114		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 52-year-old male who has submitted a claim for chronic low back pain, grade 1 spondylolisthesis of L5 on S1, lumbar degenerative disc disease, and a chronic left S1 radiculopathy associated with an industrial injury date of 8/22/2011. Medical records from 3/19/12 up to 5/21/14 were reviewed showing continued low back pain with radiations to the left leg in the L5 distribution. Pain is rated at 5-6/10. He underwent two L5-S1 transforaminal ESI and noted about 50% decrease in pain. Physical examination showed mild antalgic gait. Lumbosacral examination showed mildly decreased ROM upon left lateral flexion and extension due to pain. There was moderate tenderness over the lumbosacral spine and paraspinals with mild paralumbar muscle tightness on the left. There was point tenderness over the sacroiliac joint and gluteal area on the left. EMG/NCS done on 2/21/2013 showed evidence of left S1 radiculopathy. MRI of the lumbosacral spine on 2/15/12 revealed L5 spondylosis with associated grade 1 spondylolisthesis of L5 on S1 with diffuse disc bulge with moderately severe bilateral neural foraminal encroachment with facet hypertrophy, more severe on the right than left. There was a small, central, and left foraminal disc protrusion at L4-5 with left sided neural foraminal encroachment, moderate diffuse bulge at T12-L1. Treatment to date has included Norco, Celebrex, gabapentin, Medrox, tizanidine, epidural injections, physical therapy, and chiropractic care. Utilization review from 6/4/2014 denied the request for Transforaminal Epidural Steroid Injection Left L4-L5 w/ fluoro. The patient has had prior injections however, the documentation provided does not indicate evidence of a decrease in pain, decreased use of pain medication, or improvement in function. In addition, prior EMG/NCV studies did not indicate evidence of radiculopathy at the L4-L5 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Left L4-L5 w/ fluoro:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has had previous transforaminal injections at the L5-S1 level with documented 50% decrease in pain level however, the duration of pain relief was not specified. There were signs of radiculopathy upon physical examination noted as low back pain with radiation down to the left leg. MRI taken on 2/15/12 reported that there was a small, central, and left foraminal disc protrusion at L4-5 with left sided neural foraminal encroachment. However, EMG/NCV taken on 2/21/2013 only noted S1 radiculopathy. Guideline criteria were not met. Therefore the request for TRANSFORAMINAL EPIDURAL STEROID INJECTION LEFT L4-L5 W/ FLUORO is not medically necessary.