

<b>Case Number:</b>	CM14-0142050		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Pain Management and is licensed to practice in California. 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 injured worker is a 51 year old male who sustained work-related injuries on February 5, 2010. On February 22, 2010, he underwent posterior lumbar interbody fusion at L5-S1 as well as laminectomy at L4, L5 and S1. He also had post-operative physical therapy and a back brace. On May 8, 2013, he had a qualified medical examination. The October 22, 2013 records indicated that he underwent electromyogram/nerve conduction velocity studies of the bilateral lower extremities. The results revealed abnormal findings suggesting sacral radiculopathy. On May 9, 2014, the injured worker underwent a computed tomography scan of the lumbar spine. The results revealed: (a) status post surgery L4 through S1; (b) L1-L2 through L3-L4 mild degenerative changes with retrolisthesis; (c) L4-L5 2mm retrolisthesis, 3-4mm broad-based disc bulge extending laterally into the neural foramina, greater on the left osteophytic spurring narrows the left neural foramen; and (d) L5-S1 interbody fusion 3-mm of posterior bony ridging. There was lateral disc osteophytic spurring, which was greater on the left. There was also narrowing of the left neural foramen. He underwent a magnetic resonance imaging scan of the lumbar spine and the results revealed that compared to the previous examination dated September 16, 2011 there has been no significant overall change. There were (a) degenerative changes from L1-L2 through L3-L4; (b) L4-L5 left lateral disc protrusion with surrounding enhancing granulation tissue, facet arthropathy just narrowing the inferior aspect of the left neural foramen; and (c) L5-S1 lateral disc-osteophytic spurring narrowing the neural foramina. There is no notation of nerve impingement. He is diagnosed with (a) lumbosacral spine degenerative disc disease; (b) lumbosacral spine spondylosis; (c) status post posterior lumbar interbody fusion at L5-S1, laminectomy L4, L5, and S1 with posterolateral fusion at L4, L5, and S1 with pedicle screw fixation at L4, L5, and S1 with allograft and autograft (February 22, 2010); and (d) failed back syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (LESI) at L4-L5 and L5-S1, with fluoroscopy and sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

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

**Decision rationale:** There were no recent records found in the provided documentation. Based on a previous utilization review determination made, the injured worker complained of chronic and severe low back pain on August 4, 2014. He stated that there was a 70% reduction of pain for two months following a caudal injection performed on November 14, 2013. He presented with left sciatic pain radiating to his left calf. Objective findings indicated intact reflexes, tenderness over the L5-S1 levels, right foot drop with absent ankle reflex on the right and loss of sensation at L4-5 on the right. There was tenderness over the paraspinal musculature, pain increased with dorsiflexion, worsening right lumbar radiculopathy, and a decreased range of motion. The injured worker had a positive straight leg raise test bilaterally, antalgic gait with an intact heel/toe walk, and a decrease in motor exam of the bilateral lower extremities. Evidence-based guidelines indicate that radiculopathy must be documented, based on physical examination findings and should be corroborated with diagnostic imaging studies as well as electrodiagnostic studies. Also, there should be documented failure of conservative treatment. In this case, the injured worker is noted to report lower extremity radiating symptoms and has failed conservative treatments. However, the magnetic resonance imaging scan of the lumbar spine dated May 9, 2014 does not indicate any nerve root impingement. The electromyogram/nerve conduction velocity done in October 23, 2013 suggests only S1 radiculopathy and the request is at the L4-L5 and L5-S1 levels. Based on the records reviewed, the objective findings show insufficient support of radiculopathy on the other levels. Therefore, the medical necessity of the requested lumbar epidural steroid injection (LESI) at L4-L5 and L5-S1 with fluoroscopy and sedation is not established.