

<b>Case Number:</b>	CM14-0161648		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Physical Medicine & Rehabilitation, 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 62-year-old male who reported an injury on 10/28/2002. The mechanism of injury was not provided. The diagnosis is low back pain with radiculopathy. The past medical treatment included medications, ESI, diagnostic facet block in the lumbar area in 01/2014. Diagnostic testing included an EMG/NCV of lower extremities on 05/20/2014 and 06/20/2014, and an MRI of lumbar on 05/20/2014. Surgical history was not provided. The injured worker complained of low back pain, stating that the worst pain is in the lower back and it radiates down to both of his lower extremities causing weakness on 07/24/2014. The injured worker stated that in 10/2013 he had a left sided L5 and S1 transforaminal epidural steroid injection under fluoroscopic guidance, which he states that it gave him significant relief, more than 60% relief, in his left side lower back pain and also left leg pain for at least 2 months, and after that the pain returned. The injured worker also had a diagnostic facet block in the lumbar area on the right side in 01/2014 with no significant relief in his pain. The injured worker stated pain interferes with his daily activity and sleep, and stated the severity of the pain was 8/10 on 07/24/2014. The physical examination revealed the injured worker's gait was antalgic. The injured worker had significant paravertebral muscle spasm and tenderness in the lower lumbar region with straight leg raise being positive bilaterally in sitting position, at 60 degrees. The injured worker had decreased sensation to light touch over the left L5 and S1 dermatomes. Medications were not provided. The treatment plan is for a right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance and motorized cold therapy unit. The rationale is to control the injured worker's pain, he is ordering the ESI and is ordering the motorized cold therapy unit for purchase only to be utilized post injection. The Request for Authorization was submitted on 8/13/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right L5 S1 Transforaminal Epidural Steroid Injections (ESI) under Fluoroscopic**

**Guidance:** Upheld

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

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

**Decision rationale:** The request for Right L5 S1 Transforaminal ESI under Fluoroscopic Guidance is not medically necessary. The injured worker stated pain interferes with his daily activity and sleep, and stated the severity of the pain was 8/10 on 07/24/2014. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. There is a lack of documentation indicating the injured worker has significant findings indicative of neurologic deficit upon physical examination. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The MRI showed evidence of an acute right L5, S1 and left L4, L5-S1 lumbosacral radiculopathy for 05/20/2014, however there isn't specific evidence of specific level in physical exam from 07/24/2014. Therefore, the request for L5-SI Lumbar Epidural Steroid Injection is not medically necessary.

**Motorized Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 560..

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service (Motorized Cold Therapy Unit) is also not supported.