

<b>Case Number:</b>	CM13-0015076		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 enrollee is a 54 year old male presenting with low back pain following a work related injury on 05/11/2012. The pain is associated with numbness into his left hamstring muscle traveling down to his feet. The numbness is constant and is associated with pins and needles into the left foot greater than the right foot. The physical exam is significant for tenderness and spasm throughout the paraspinal muscles, tenderness to palpation over left sciatic notch, straight leg raise positive on the left for increased back and left leg pain. The claimant was diagnosed with lumbar spondylosis with mild central canal stenosis, lumbar radiculopathy left lower extremity, status post left inguinal hernia on 2/15/2012, non-industrial, possible aggravation or recurrence, hydrocele of left testicle, unknown causation, pending review of hospital records, headaches, insomnia, lumbar radiculopathy, bilateral L5-S1 EMG, high blood pressure. MRI of the lumbar spine was significant for trace disc osteophyte complex, spinal canal is mildly stenotic to 10mm at L2-3, 1-2mm disc bulge, mildly narrowed to 10mm, mild to moderate facet arthropathy contributing to mild to moderate bilateral neuroforaminal stenosis, moderate disc height loss with 2 mm disc osteophyte complex render moderate to severe bilateral neuroforaminal stenosis, L5-S1 is mild disc height loss was a 2 mm disc osteophyte complex, the neural foramina are mildly stenotic bilaterally. The claimant tried acupuncture therapy, lumbar epidural steroid injections, chiropractor therapy, 6 weeks of physical therapy, and medications including Naprosyn and Vicodin. A claim was made for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **LUMBAR EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 47.

**Decision rationale:** A lumbar epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant clearly displays lumbar radicular pain but his condition does not meet MTUS guidelines. He had a previous epidural steroid injection without documentation of at least 50% reduction in pain. The requested service is therefore not medically necessary