

<b>Case Number:</b>	CM13-0052941		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and is licensed to practice in Florida. 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 39 year old female who reported an injury on 08/19/2011 due to lifting a patient and twisting. The injured worker complained of low back pain. She stated that the pain was an 8/10 and radiated down to the right leg. Physical examination dated 07/31/2013 showed that the injured worker was in mild distress with a normal gait. The injured worker had full strength in lower extremities with normal sensation. There was a negative bilateral straight leg raise. MRI revealed L3-4 and L4-5 degenerative disc disease. There was also disc protrusion at these levels that caused some stenosis. X-ray showed flexion and extension without instability. The injured worker has a diagnosis of degenerative disc disease. The injured worker has had epidural steroid injections, facet injections, radiofrequency ablation, physical therapy, acupuncture, chiropractic and medication therapy. Medications include Naproxen sodium 550mg #60 1 tablet daily PRN, Protonix 20mg #60 2 tablets once a day, Fexmid 7.5mg #60 1 tablet every 12 hours PRN, Lexapro 5mg #60 1 tablet 2 times a day, Ketoprofen 50mg #60 1 tablet 2 times a day PRN, Effexor XR 37.5mg #30 1 tablet once a day, Effexor XR 75mg 1 tablet once a day, Neurontin 600mg #60 1 tablet 2 times a day, Tramadol ER 150mg #30 1 tablet once a day and Terocin lotion 2 bottles apply 3 times a day to affected area PRN. The treatment plan is for a lumbar epidural steroid injection. The rationale was not submitted for review. The request for authorization form was submitted on 11/04/2013 by [REDACTED].

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The request for a lumbar epidural steroid injection is not medically necessary. The injured worker complained of low back pain. She stated that the pain was an 8/10 and radiated down to the right leg. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Guidelines also stipulate that most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. ESI use should be used in conjunction with other rehab efforts, including continuing a home exercise program. California MTUS guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. There must not be more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The report submitted did not show failure of conservative care, only that the injured worker had tried them in the past. Documentation also showed that the injured worker had already had ESIs in the past and they did not provide relief. Recommendations are for the use of no more than 2 injections with documentation showing that the previous first injection provided at least 50% relief. Furthermore, the MRI showed no signs of radiculopathy. The request did specify what part of the injured workers lumbar spine the injections were for. As such, the request for lumbar epidural steroid injection is not medically necessary.