

<b>Case Number:</b>	CM13-0059058		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 Orthopedic Surgery 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 42-year-old male who reported an injury on 08/02/2011, secondary to heavy lifting. Current diagnoses include lumbar herniated nucleus pulposus, lumbar spinal stenosis, lumbar disc protrusion, sleep disturbance, cervical strain, and low back pain with right lower extremity radiculitis. The injured worker was evaluated on 06/06/2013. The injured worker has been previously treated with 12 sessions of physical therapy, anti-inflammatory medication, and pain medication. The injured worker also initially underwent trigger point injections into the lumbar spine. Physical examination on that date revealed a mildly antalgic gait, absent knee and right ankle reflexes, limited and painful lumbar range of motion, positive straight leg raising, positive Faber testing, positive dorsiflexion pain, hypoesthesia in the right anterior thigh, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included a lumbar epidural steroid injection. It is noted that the injured worker underwent a lumbar MRI on 07/02/2011, which indicated a 4 mm broad posterior bulge at L4-5 with moderate central canal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL STEROID INJECTION AT RIGHT L4-L5 FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the injured worker has been previously treated with conservative therapy including physical therapy, trigger point injections, and medications. The injured worker does demonstrate positive straight leg raising and hypoesthesia with diminished reflexes. However, it is noted that the injured worker underwent a right L4 and right S1 lumbar epidural steroid injection on 09/27/2011. There was no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. Therefore, a repeat injection cannot be determined as medically appropriate. As such, the request is non-certified.

**RIGHT-SIDED FACET BLOCKS FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There was no evidence of facet mediated pain upon physical examination. There is no documentation of facet abnormality upon imaging study. The current request does not include the specific level at which the facet joint diagnostic block will be administered. Based on the aforementioned points, the injured worker does not meet criteria for the requested service. As such, the request is non-certified.