

<b>Case Number:</b>	CM13-0060339		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/12/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of December 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants. In a Utilization Review Report dated November 26, 2013, the claims administrator denied a request for an L5-S1 lumbar epidural steroid injection. The claims administrator based its denial on lack of imaging studies and/or lack of documentation as to how much conservative treatment had been previously tried here. In a September 11, 2013 progress note, the applicant presented with chronic low back pain with associated radicular complaints superimposed upon issues with anxiety and depression. The applicant stated that his pain ranges from 7-9/10. The applicant was apparently not working but did go to church, drive his children to and from appointments, and help his wife at home with chores. The applicant did have issues with mood and depression which were nevertheless present. 5/5 upper and lower extremity strength was noted. The applicant exhibited an antalgic gait but did not have to use a cane. Reflexes were symmetric. Oxycodone, OxyContin, baclofen, BuSpar, tizanidine, Indocin, Imitrex, AndroGel, and Restoril were endorsed. On October 10, 2013, the attending provider sought authorization for a gym membership for the applicant. On November 7, 2013, the applicant again presented with 8/10 pain. The applicant was using OxyContin, oxycodone, tizanidine, buspirone, Restoril, and AndroGel, it was acknowledged. Imitrex was prescribed. The applicant was asked to obtain a gym membership. L5-S1 epidural steroid injection therapy was sought. It was not clearly stated whether or not the applicant had had previous epidural injection therapy or not.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **EPIDURAL STEROID INJECTION L5-S1 BILATERAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain, preferably that which is documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In this case, however, there is no evidence of any imaging studies and/or electrodiagnostic testing which would help establish a diagnosis of radiculopathy. It is further noted that the attending provider has not clearly outlined the extent of the applicant's radicular complaints. It is not clearly stated, for instance, that the applicant reports back pain radiating to the legs. The attending provider, on other occasion, postulated other etiologies for the applicant's leg complaints, including leg cramps. The applicant's well-preserved, 5/5 lower extremity motor function, seemingly intact lower extremity sensorium, and symmetric reflexes argue against any bona fide lumbar radiculopathy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks, in this case, however, the applicant is, quite clearly, outside of the diagnostic phase of the claim following an industrial injury of December 12, 2001. For all of the stated reasons, then, the proposed epidural steroid injection at L5-S1 is not medically necessary.