

<b>Case Number:</b>	CM13-0066517		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 low back, SI joint, and hip pain reportedly associated with an industrial injury of May 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from previous provider in various specialties; electrodiagnostic testing of the lumbar spine and lower extremities of December 30, 2013, notable for a chronic lumbar radiculopathy affecting the L2 through L4 nerve roots; unspecified amounts of physical therapy over the life of the claim; a cane; and work restrictions. It does not appear that the applicant is working with limitations in place. In a utilization review report of December 4, 2013 the claims administrator denied a request for epidural steroid injection therapy, citing Chapter 12 ACOEM Guidelines. It was stated that the applicant did not have any clear evidence of lumbar radiculopathy for which an epidural injection would be indicated. The applicant's attorney subsequently appealed. Also reviewed is a June 3, 2013 lumbar MRI notable for low grade disk bulges of 2 mm at L2-L3 and L5-S1. The 2 mm disk bulge at L2-L3 is associated with thecal sac indentation. The applicant was described as off of work, on total temporary disability, on July 1, 2013. The applicant underwent hip greater trochanteric bursitis injection under fluoroscopy on September 26, 2013. On November 4, 2013, the applicant was described as reporting persistent low back and bilateral hip pain. There is also groin pain noted. Strength testing about the lower extremities was normal with hypersensitivities noted about the groin. An epidural steroid injection was sought at L5-S1. The applicant was given diagnosis which included facet dysfunction, SI joint dysfunction, greater trochanteric bursitis, ilioinguinal neuralgia, and lumbar radiculopathy. A survey of other utilization review reports suggested that attending provider has sought authorization for SI joint injections and facet joint blocks at various points in 2013.

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

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

### **LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, in this case, it is far from certain that the applicant has any active radicular complaints. The November 2013 progress note in which the attending provider sought authorization for epidural blocks did not make any mention of low back pain radiation to the leg. Rather, the applicant was described as having low back pain, hip pain, groin pain, etc. The applicant is also concurrently receiving care from an orthopedist for shoulder issues as well as hip issues. The applicant has already received multiple injections to the hip regions. The attending provider is also reporting SI joint pathology and facetogenic pathology. All the above, taken together, imply a lack of diagnostic clarity. It is further noted that the applicant has had electrodiagnostic corroboration of radiculopathy at the L2 through L4 levels. The attending provider, however, sought authorization for an epidural injection at the L5-S1 level. Again, while up to two diagnostic epidural steroid injections could be supported if there is evidence that the applicant had active radicular complaints, in this case, it does not appear that the applicant has any active lumbar radicular complaints. The attending provider has not stated why the L5-S1 level is being targeted as opposed to the L2 through L4 levels at which radiculopathy was conclusively demonstrated on electrodiagnostic testing. Finally, the attending provider is not clearly stated why so many different injections are being sought in parallel and/or what the etiology for the applicant's symptoms is. Therefore, the original utilization review decision is upheld. The request remains not certified, on independent medical review.