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| <b>Case Number:</b>   | CM14-0004806 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 07/13/2001 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/10/2014 |

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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 31-year-old male with a reported date of injury on 07/13/2001; the mechanism of injury was not provided. The injured workers diagnoses included low back pain. A progress report dated 08/19/2013 noted that the injured worker had received a triple block and a lumbar epidural in April and since that time the injured worker had had minimal pain. However, it was noted that the injured worker had started a new job and now had complaints of a return of low back pain with associated left leg pain. The injured worker rated the pain at 5/10. Examination findings included tenderness to the midline and paraspinal muscles, lower lumbar paraspinal muscles, SI joint, left and right trochanteric bursa, and the left and right paralumbar muscles. Additional exam findings included increased pain with lumbar flexion and extension. The treatment plan included a repeat lumbar injection and triple block. The Request for Authorization Form was not provided within the available documentation.

### 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 Chronic Pain Medical Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

**Decision rationale:** The request for a lumbar epidural steroid injection is non-certified. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain if particular criteria are met. These include documented radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic studies, failure of conservative care, injections must be performed using fluoroscopy and an additional block must provide documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. There is a lack of documented symptomatology to suggest that this requested service would be beneficial. Additionally, there is no evidence of imaging studies that corroborate radiculopathy. Furthermore, there is a lack of quantifiable evidence that the injured worker received at least a 50% pain reduction from the previous epidural steroid injection. In addition, the request is unclear at what level the requested injection is to be performed and whether the request is a right versus left or a bilateral injection. As such, this request is not medically necessary and appropriate.