

<b>Case Number:</b>	CM14-0009874		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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:

This is a 58-year-old male with an 8/7/10 date of injury after jumping off his truck twisting his left knee. The patient was seen on 9/5/13 where it was noted he had an MRI of the L spine on 4/26/13 which apparently revealed multilevel disc protrusions at L3-4, L4-5 and L5/S1 with abutment of the nerve roots. He was seen again on 9/30/13 complaining of low back pain with radiation to the bilateral lower extremities and associated weakness. Exam findings revealed tenderness over the left gluteal region. Sensory deficits were noted along the left L4, L5 and S1 dermatomes compared to the right. Weakness of the left gastrocnemius, antiriot tibialis, and EHL was noted compared to the right/ An Achilles reflex was reduced on the left. Diagnosis: Lumbar spondylosis and scoliosis with multilevel disc protrusions MRI L spine 4/26/12: multilevel disc protrusions at L3-4, L4-5 and L5-S1 with abutment of the nerve roots. Treatment to date: left lumbar diagnostic facet block to L4/5 and L5/S1, and medial branches of L3/4 on the right side and dorsal ramus of L5 on the left side, lumbar epidural steroid injection, chiropractic treatment, medications, physical therapy A UR decision dated 12/27/13 denied the request given the documentation did not contain any imaging studies or EMG/NCS reports to corroborate the presence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT LUMBAR EPIDURAL INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient's industrial injury caused his right knee to twist and subsequently his L spine became affected over the years. The patient has abbreviated MRI reports of the L spine in some progress notes provided, however there is no official radiologist MRI report or electrodiagnostic study available for review. In addition, the patient apparently already had a lumbar epidural but there are no documented results showing reveal at least a 50-7-% pain relief for at least 6 weeks. Therefore, the request for a repeat lumbar injection was considered not medically necessary.