

<b>Case Number:</b>	CM14-0104892		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/05/2014

### 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:

The claimant was injured on 03/07/12. Lumbar epidural steroid injections at two levels are under review. The claimant fell from a ladder and reported an injury to her back. MRI of the lumbar spine on 08/27/12 revealed at L4-5, moderate disc desiccation with a 3 mm bulge and no central or foraminal stenosis. There was mild degenerative change of the facets. At L5-S1 there was moderate disc desiccation with a 3 mm bulge and superimposed right foraminal broad-based protrusion leading to moderate foraminal narrowing. There was right lateral recess stenosis and a disc bulge that led to moderate left foraminal stenosis. There are mild degenerative facet changes. She had an AME by [REDACTED] on 03/31/14 and had constant 8/10 pain with intermittent radiation down the legs, worse on the right, with numbness tingling and weakness in the bilateral lower extremities. Straight leg raise was positive bilaterally with pain radiating to the buttocks. She had decreased range of motion and normal motor, sensory, and reflex exams. Epidural steroid injections were recommended. An EMG was ordered in May 2012 but there is no report in the file. She saw [REDACTED] on 01/30/14 and was diagnosed with lumbar radiculitis. She was treated in an emergency department on 04/12/14 for headache. It radiated to the neck. The review of systems does not mention low back pain. She had a normal neurologic examination. She had full painless range of motion. She was significantly improved with pain medications. An MRI was ordered by [REDACTED] on 05/12/14 to rule out an HNP. The only finding was tenderness. She had an AME on 03/31/14 and complained of low back pain with sciatica. She had constant pain across the entire low back region. Examination revealed tenderness with positive straight leg raise test on the right at 70 causing low back pain with radiation just distal to the buttocks. It was also positive on the left side. She had decreased range of motion. Neurologic examination was intact. Up to 3 epidural steroid injections were agreed to by the AME. An MRI of the lumbar spine was not approved on 05/20/14. On

06/12/14, [REDACTED] stated that she had low back pain with a 3 mm disc protrusion and an HNP and a lumbar ESI was ordered.

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

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

#### **Lumbar Epidural Steroid Injection L4-L5, L5-S1 x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)), Criteria for the use of lumbar epidural steroid injections; ODG ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)), Diagnostic lumbar epidural steroid injections;ODG ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)), Therapeutic lumbar epidural steroid injections; and American Medical Association (AMA) 5th edition page 382-383.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for ESIs x 2 at levels L4-5 and L5-S1. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)....7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."In this case, there is no clear objective evidence of radiculopathy at two levels on physical examination and no EMG was submitted. There is no evidence that the claimant has failed all other reasonable conservative care or that the ESIs are being recommended in an effort to avoid surgery. The MRI did not indicate the presence of nerve root compression at the two levels to be injected. Repeat injections are not recommended until the results of prior injections are known. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request for two level ESIs x 2 (at L4-5 and L5-S1) has not been clearly demonstrated.