

<b>Case Number:</b>	CM14-0105542		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Internal 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 injured worker is a 47 year old male who reported an injury on 04/02/2012. The mechanism of injury occurred while performing repetitive lifting, which caused low back pain bilaterally. His diagnoses included herniated nucleus pulposus of the L5-S1 lumbar spine and lumbosacral/arthrosis with central and neural foramen stenosis. His past treatments consisted of medications, 12 sessions of acupuncture therapy as of 03/11/2014, and a home exercise program. The injured worker's diagnostic exams included electromyography on 01/2013 that was negative for radiculopathy of the lower extremities; an X-ray of the lumbar spine on 10/18/2013, and multiple MRI's of the lumbar spine. His surgical history was not indicated in the clinical notes. On 06/11/2014, the injured worker complained of low back pain that radiated down to his right foot and leg. He also complained of numbness and tingling to the lumbar spine, right foot, right leg and buttock area. The physical exam revealed that his range of motion was decreased and his flexion measured at 70 degrees and his extension 20 degrees. He also had sensory deficits in the L4, L5, S1 region of the lumbar spine, as well as tenderness to palpation over the sacral lumbar area. His medications included Naprosyn. The treatment plan included an MRI of the lumbar spine, pain management, and a lumbar spine, L4-S1 epidural steroid injection. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine L4-S1 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** The request for a Lumbar spine L4-S1 epidural steroid injection is not medically necessary. The California Guidelines recommend epidural steroid injections as an option for treatment of radicular pain; defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing; the injured worker must initially be unresponsive to conservative treatment such as exercises, physical methods, NSAIDs and muscle relaxants; and injections should be performed using fluoroscopy for guidance. Additionally, no more than two nerve root levels should be injected using transforaminal blocks. The clinical indicate that the injured worker complained of numbness and tingling along with tenderness to his lumbar spine. It is also noted that the tingling and numbness radiated down into his right thigh and right foot, but the imaging studies and electro diagnostic testing performed did not verify radiculopathy. Also, there is lack of documentation that shows that the injured worker was initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs and muscle relaxants. He attended approximately 12 sessions of acupuncture treatments but this is not considered an active modality by the guidelines. The clinical notes indicate that the injured worker did not participate in a physical medicine program with active modalities and the patient is currently on Naproxen; a muscle relaxant. These findings would not be supported by the guidelines for the request. Additionally, the request for a lumbar epidural steroid injections was not accompanied by a request for the use of fluoroscopy in conjunction with the epidural steroid injection, which is a requirement by the guidelines. However, the request did satisfy the guidelines recommendation of only performing transforaminal blocks on no more than two nerve root levels and the continuation of a home exercise program. Furthermore, due to lack of documentation showing that radiculopathy was documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing; lack of evidence indicating that the injured worker was initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs and muscle relaxants; and the absence of the use of fluoroscopy to perform the injecting the request is not supported. Therefore, the request for a Lumbar spine L4-S1 epidural steroid injection is not medically necessary.