

<b>Case Number:</b>	CM14-0010608		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 52 year old male with a history of lower back pain as result of a work related injury that occurred on April 22, 2009. There is no report of mechanism of injury. Since the time of his injury, he has had constant lower back pain. On February 2, April 6 and June 1 of 2011, he underwent caudal epidural steroid injection with improvement in symptomatology by 85% with ability to return to work. A repeat set of epidural steroid injection (ESI) were performed on April 10th, May 8th and June 5th of last year. This set reduced the patient pain complaint by 95% and allowed for return to working status without work related restrictions. On each of the submitted operative or follow up reports radiculopathy is not mentioned as a subjective complaint by the patient. Per his pain management reports, his pain is greatly controlled with his pain medication, consisting of Vicodin ES 7.5mg taking four times daily. His pain medication is later changed to Norco 10/325 qid 120 tablets dispensed and would remain his pain medication regimen through nearly the latter half of 2013. Recent ESI (as of the date of report, May 8th, 2013) and his physical therapy, the patient's "activity level is now normal fully activity, albeit with some pain, controlled with the medication". Additionally, the injections and pain medication allow him to continue a full work level without restriction. On his July 18th follow up report, his physician states that "We are now able to start to wean his medication." However, this statement is repeated on his Anesthesiology Follow-up Report dated on August 22, September 23, October 21, and December 9 of 2013 with the follow up statement under the patient treatment plan to "start weaning at tid instead of qid". No reports in 2014 were submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTIONS WITH ANESTHESIA, BILATERAL L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER LOW BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND TREATMENTS, 46.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment 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. It is commendable and admirable that the patient is able to return to such a functional state and return to work without restrictions. As important as that milestone is regarding his well-being, it is not the criteria for the use of ESI. Unfortunately, the MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. A thorough review of the submitted documentation failed to find a collaborative Lumbar MRI or electrodiagnostic testing confirming the presence of radiculopathy. As there is neither the complaint of radicular symptoms, nor documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies, I find the request for ESI medically unnecessary.