

<b>Case Number:</b>	CM14-0013368		
<b>Date Assigned:</b>	06/02/2014	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 51-year-old male who reported an injury on 08/19/2013 secondary to lifting, ordering and stocking. He complained of pain to the lower back. The progress note dated 01/08/2014 status post injections to the L3 and L4 bilateral transforaminal area stated that the injured worker had 3 days of complete pain relief to the lower back and lower extremity symptoms; however, the symptoms had been gradually coming back, but he still had some relief. He also stated that the severity and symptoms seemed to come and go at that time and was not constant like before the injections and that he had been able to sleep better since the injections due to less pain. The clinical findings were normal range of motion to the lumbar spine, positive supine straight leg raise to the bilateral lower extremities, tenderness on palpation over L5 and S1, and mild tenderness over the left lower lumbar paraspinal muscles around the L5 level. An MRI of the lumbar spine done on 11/13/2013 revealed degenerative disc disease (DDD) at L3-4 through L5-S1; a disc extrusion that was central but possibly more left-sided that caused mass effect on the thecal sac with moderate stenosis at L3-4; a disc extrusion at L4-5 that appeared a little bit more left paracentral and appeared to be contacting the left L5 nerve root with lateral recess stenosis. There was mild right neural foraminal narrowing and moderate central stenosis at that level as well. At L5-S1, there was a right paracentral disc protrusion with annular tear. He had diagnoses of pain, DDD, herniated nucleus pulposus/bulge, radiculopathy and spinal stenosis of the lumbar spine. The injured worker had past treatments of epidural steroid injections, physical therapy, and medications. His medications were ibuprofen and Flexeril. The treatment plan is for a left L3 and L4 transforaminal/caudal epidural steroid injection with IV sedation and fluoroscopy (Quantity: 1) and a right L3 and L4 transforaminal/caudal epidural steroid injection with IV sedation and fluoroscopy (Quantity: 1). the request for authorization form was signed and dated 02/06/2014. There is no rationale for the request for left and right L3 and L4

transforaminal/caudal epidural steroid injections with IV sedation and fluoroscopy (Quantity: 1.00).

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

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

#### **LEFT L3 AND L4 TRANSFORAMINAL/CAUDAL EPIDURAL STEROID INJECTIONS WITH IV SEDATION AND FLUROSCOPY, QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), criteria for use Page(s): 46.

**Decision rationale:** The request for a left L3 and L4 transforaminal caudal epidural steroid injection (ESI) with IV sedation and fluoroscopy (quantity: 1.00) is not medically necessary. The injured worker complained of low back pain. He had past treatments of epidural steroid injections and physical therapy. The previous steroid injection did give 3 days of improvement. According to the California MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation showed that the injured worker did have 3 days of relief from the previous steroid injection; however, there is no documentation to support that the injured worker did a trial reduction of pain medications during the time of the injection. Therefore, the request for a left L3 and L4 transforaminal/caudal epidural steroid injection with IV sedation and fluoroscopy (quantity: 1.00) is not medically necessary.

#### **RIGHT L3 AND L4 TRANSFORAMINAL/CAUDAL EPIDURALSTEROID INJECTIONS WITH IV SEDATION AND FLUOROSCOPY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), criteria for use Page(s): 46.

**Decision rationale:** The request for a right L3 and L4 transforaminal caudal epidural steroid injection with IV sedation and fluoroscopy (quantity: 1.00) is not medically necessary. The injured worker complained of low back pain. He had past treatments of epidural steroid injections and physical therapy. The previous steroid injection did give 3 days of improvement. According to the California MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation

showed that the injured worker did have 3 days of relief from the previous steroid injection; however, there is no documentation to support that the injured worker did a trial reduction of pain medications during the time of the injection. Therefore, the request for a right L3 and L4 transforaminal/ caudal epidural steroid injection with IV sedation and fluoroscopy (quantity: 1.00) is not medically necessary.