

<b>Case Number:</b>	CM14-0016060		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 43-year-old female with a 6/17/12 date of injury. The exact mechanism of injury of injury has not been described. On 12/20/13, the patient was noted to have had a facet injection on 12/4/13 with 20-30% pain relief. She continues to have back pain, as well as buttock and thigh pain. She has significant paresthesia in the bilateral lower extremities. Objective exam revealed "grossly unchanged." She has 4/5 tibialis anterior strength bilaterally in bilateral lower extremities. MRI (magnetic resonance imaging) of the lumbar spine on 1/9/13 shows a L4-5 annular fissure with a minor disc bulge with no evidence of foraminal stenosis or neural compromise. There is a L5-S1 posterior disc protrusion with no evidence of neural compression. The diagnostic impression includes chronic intractable low back pain with radiation to bilateral lower extremities and lumbar spondylosis. The treatment to date: facet injections, acupuncture, medication management. A utilization review decision dated 1/22/14 denied the request based on the fact that the lumbar MRI does not show evidence of nerve root impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 EPIDURAL STEROID INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides, Radiculopathy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides, Radiculopathy.

**Decision rationale:** The CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the 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. In this case, the patient is documented to have bilateral lower extremity pain, but no documentation of objective weakness. Her provider documents that he believes the pain is facet-mediated and that he does not believe she has actual weakness, but in fact the weakness is just related to the pain. The patient does not have evidence of neural compromise on lumbar MRI (magnetic resonance imaging), and her symptoms do not follow any specific pattern, but instead is generalized. In past records, she has been noted to be non-compliant with appointments. It is unclear what recent management she has had. As such, the request for lumbar epidural steroid injection at L4-5 is not medically necessary.