

<b>Case Number:</b>	CM14-0110135		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Tennessee. 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 53 year old male with a 1/8/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/20/14 noted subjective complaints of lower back pain radiating to the lower extremities bilaterally. Objective findings included spasm and tenderness in the paraspinal muscles. There is decreased sensation in L5 dermatomal distribution bilaterally. It is noted that prior ESI has been "beneficial" however no quantification is provided. MRI lumbar spine 5/1/14 showed mild central canal stenosis at L3-L5, and very mild intraforaminal compression of the left L4 and L5 nerves. Diagnostic Impression: lumbosacral radiculopathy. Treatment to Date: medication management, prior lumbar ESI, physical therapy. A UR decision dated 6/26/14 denied the request for lumbar epidural injection at L5-S1. There is limited information of objective functional response from prior ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar epidural injection at L5- S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; criteria for the use of.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, 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. There is notation of some L5 sensory abnormalities on physical exam bilaterally and subtle neural foraminal MRI findings at the level of L5. However, it is only noted that the prior ESI had been "beneficial", without clear quantification of the level of pain relief the patient had obtained or any specific objective benefit derived. Additionally, there is no clear documentation of failure of conservative treatment such as physical therapy. Therefore, the request for lumbar epidural injection at L5-S1 was not medically necessary.