

<b>Case Number:</b>	CM14-0110326		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/03/2001
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/08/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41-year-old male in an injury date of 11/03/01. Based on the 03/12/14 progress report provided by [REDACTED] the patient complains of low back pain rated 6-8/10 that radiates down his left leg to his foot. Physical examination of the lumbar spine revealed tenderness to palpation at bilateral L4 transverse processes and L4 paraspinal region, as well as the sacral promontory. Neurological examination revealed decreased sensation on the left posterior leg and sole of foot. Knee reflexes were normal. Patient had ESI in the past and reported > 60% in pain relief for about 6 months. Based on the physician report dated 06/08/14, MRI (date unspecified) showed retrolisthesis at L4-5. The prescribed medications are not helping his pain adequately; however they allow him to continue working. His medications include Nucynta, Vicodin and Lyrica. MRI lumbar spine on 12/10/01, per utilization review letter dated 07/08/14- L4-5 desiccation and narrowing at both the L4-5/L5-S1 levels. - broad based bulge with central protrusion at L4-5 creating moderate central stenosis Lumbar discography on 07/06/12, per utilization review letter dated 07/08/14- concordant L4-5 disc with a negative control above MRI of the lumbar spine on 10/05/13, per utilization review letter dated 07/08/14- 3 mm disc bulge with foraminal narrowing and facet hypertrophy at L1 to S1. Diagnosis 03/12/14- lumbar post-laminectomy syndrome- chronic pain syndrome [REDACTED] is requesting Outpatient L4-5 Interlaminar Epidural Steroid Injection for the Lumbar Spine. The utilization review determination being challenged is dated 07/08/14. The rationale is "Records provided did not specify a plan to continue active treatment programs following lumbar ESI. Associated reduction of medication use of previous ESI was not specified in records provided..." [REDACTED] is the requesting provider and he provided treatment reports from 02/06/14 - 06/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient L4-5 Interlaminar Epidural Steroid Injection for the Lumbar Spine:** 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 ESI's, under its chronic pain section Page(s): 46, 47.

**Decision rationale:** The patient presents with low back pain rated 6-8/10 that radiates down his left leg to his foot. The request is for Outpatient L4-5 Interlaminar Epidural Steroid Injection for the Lumbar Spine. His diagnosis dated 03/12/14 included lumbar post-laminectomy syndrome and chronic pain syndrome. The prescribed medications are not helping his pain adequately; however they allow him to continue working. His medications include Nucynta, Vicodin and Lyrica. MTUS has the following regarding ESI's, under its chronic pain section: Page 46-47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the therapeutic phase, repeat blocks 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." The physician states in progress report dated 03/12/14 that the patient had ESI in the past and reported > 60% in pain relief for about 6 months. However, he has not specified which levels, or when the procedure was performed. MTUS require documentation of pain and functional improvement for repeat injections. Moreover, the physician described radicular symptoms and neurological examination dated 03/12/14 revealed decreased sensation on the left posterior leg and sole of foot, however there is no diagnosis of radiculopathy provided. According to MTUS "radiculopathy must be documented by physical examination and corroborated by imaging studies." Furthermore, per progress report dated 03/12/14, MRI (date unspecified) showed retrolisthesis at L4-5, but there is no corroboration with radiculopathy presented in review of reports. The request does not meet guideline criteria. The request is not considered medically necessary.