

<b>Case Number:</b>	CM14-0123589		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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 XX year-old male/female with a date of injury of 4/12/2014. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (6/25/2014) include low back pain with radiation to bilateral lower extremities. Objective findings (6/25/2014) include diffuse spinal tenderness and reduced range of motion, with normal neurological exam. Diagnoses include lumbar spinal stenosis and lumbar myofascial pain. The patient has undergone studies to include MRI on 5/2014 which showed moderate central stenosis L4-5, moderate facet arthropathy L4-5, and moderate diffuse degenerative disease and spondylosi; and EMG on 6/2014 which was negative. The patient has previously undergone medication and physical therapy, which did not appreciably improve symptoms. A utilization review dated 7/22/2014 did not certify the request for trial of lumbar epidurals (series of 3) at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Lumbar Epidurals series of 3 at L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steriod Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

**Decision rationale:** MTUS guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented and corroborated by imaging studies, and guidelines also state that failed response to conservative treatment should be detailed. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Guidelines state current research does not support a "series of three" injections. There is documentation showing failure of conservative therapy (medication and physical therapy). However, medical documentation does not show radicular findings on physical examination, as neurological exam was essentially normal, and did not demonstrate a clear dermatomal pattern. The MRI findings do not demonstrate any radicular or neurological findings, and a series of three injections is not supported by guidelines. Therefore, the request for lumbar epidurals (series of 3) at L4-5 is not medically necessary.