

<b>Case Number:</b>	CM14-0124873		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational Medicine 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 46 year old male with a 7/11/02 injury date. While working he bent down and was unable to rise due to sudden lower back pain. In a follow-up on 6/25/14, subjective findings included continued low back pain. Objective findings included tenderness to palpation in the lumbar paraspinal muscles, pain with lumbar extension, limited lumbar range of motion, a positive straight leg raise test on the right at 45 degrees, a normal reflex examination, and weakness in the right L4-5 myotomes. A lumbar spine magnetic resonance imaging on 3/27/14 showed degenerative disc changes at L5-S1, a large L5-S1 disc bulge with extrusion and possible impingement of the left S1 nerve root, moderate canal narrowing, and severe right and moderate-to-severe left neural foraminal stenosis. Diagnostic impression: lumbar degenerative disc disease, herniated disc L5-S1. Treatment to date: medications, physical therapy, chiropractic treatment, epidural steroid injections, multiple lumbar facet blocks. A UR decision on 7/12/14 denied the request for right lumbar transforaminal epidural steroid injection at L4-5 and L5-S1 on the basis that it was unclear how much benefit the previous ESI's provided, and medical necessity was not established based on exam and imaging findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar transforaminal epidural steroid injection at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California 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 the present case, the objective findings provided in the physical exam and imaging do not support the presence of radiculopathy. The physical exam is not detailed enough and the latest MRI has equivocal nerve root compression on the left that does not correlate with the most recent exam findings. There is no evidence of prior conservative care in the documentation. It is also not clear how much relief the patient had after his two previous ESI's. The medical necessity has not been established in this case. Therefore, the request for right lumbar transforaminal epidural steroid injection at L4-5 and L5-S1 is not medically necessary.