

<b>Case Number:</b>	CM14-0174261		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Medicine 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 50-year-old female with a 5/17/11 date of injury. According to a progress report dated 9/12/14, the injured worker complained of aching pain with pins and needles sensation in her low back. She rated her low back pain as 5-7/10. She had constant numbness and tingling to the bilateral lower extremities and complained of pain in her legs, knees, and feet, rated as a 7/10. The injured worker had a lumbar spine epidural injection in May 2014, and she stated that she had great benefits with it. There is reference to an MRI of the lumbar spine, dated 2/26/14, which revealed L4-L5 diffuse disc bulge and facet hypertrophy which mildly narrows the canal in this injured worker with congenitally small canal, left foraminal protrusion is smaller currently mildly narrowing the left neural foramen without nerve root impingement. There is no reference to L5-S1 in this report. There is reference to another MRI of the lumbar spine, dated 6/30/11 revealing L5-S1 focal disc protrusion having osteophytic complex with effacement of the thecal sac, bilateral facet joint hypertrophy, neural foramina, L5 exiting nerve roots are unremarkable. Objective findings: decreased L5-S1 sensation, decreased posterolateral foot and heel sensation, tenderness in the paralumbar musculature, reduced range of motion of midline lumbar spine, paraspinous muscle spasm. Treatment to date: medication management, activity modification, lumbar ESI. A UR decision dated 10/2/14 denied the requests for left and right left L4-S1 transforaminal ESI. There are no specific objective findings on examination suggesting radiculopathy in the corresponding distributions. Sensation was reported as reduced in the bilateral lower extremities, yet not described in a specific dermatomal distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-S1 Transforaminal Epidural Steroid Injection: Upheld**

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

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

**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. In the present case, it is noted that this injured worker has had a prior lumbar ESI, performed in May 2014. However, there is no documentation that the injured worker obtained at least 50-70% pain relief for six to eight weeks following previous injection. In addition, there is reference to MRI reports dated 2/26/14 and 6/30/11, however the official MRI reports were not provided for review. Furthermore, in the reports reviewed, there is no documentation suggestive that the injured worker has had any recent conservative treatments that have been ineffective. Therefore, the request for Left L4-S1 Transforaminal Epidural Steroid Injection is not medically necessary.

**Right L4-S1 Transforaminal Epidural Steroid Injection: Upheld**

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

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

**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. In the present case, it is noted that this patient has had a prior lumbar ESI, performed in May 2014. However, there is no documentation that the patient obtained at least 50-70% pain relief for six to eight weeks following previous injection. In addition, there is reference to MRI reports dated 2/26/14 and 6/30/11, however the official MRI reports were not provided for review. Furthermore, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. Therefore, the request for Right L4-S1 Transforaminal Epidural Steroid Injection is not medically necessary.

