

<b>Case Number:</b>	CM14-0178537		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Connecticut. 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:

After careful review of the medical records, this is a 53-year-old male with complaints of lower back pain (LBP) and bilateral lower extremity pain (LEP). The date of injury is 4/17/12 and the mechanism of injury was knocked off a ladder falling approximately 15 feet. At the time of request for lumbar epidural steroid injection (ESI) at L5-S1, there is subjective (LBP and bilateral LEP aggravated by walking, sitting, walking on uneven ground; pain alleviated with lying, standing, changing positions frequently and medications; 8-9/10 without medications) and objective (lumbosacral thrombotic thrombocytopenic purpura (TTP) with decreased range of motion (ROM), forward flexion 20%, extension minimal, and lateral flexion minimal bilaterally; positive straight leg rising (SLR) bilaterally for lower extremity symptoms; weakness and some neurological deficit in his big thumb, second and third toes on the left side and unable to dorsiflex) findings, imaging/other findings (L-spine MRI showed 2mm broad based disc at the L-spine as well as annular fissure at L4-5. Left ankle MRI revealed chronic partial tear at distal Achilles tendon.), current medications (Topamax, Cyclobenzaprine, Naproxen, Tramadol, and Omeprazole), diagnoses (annular disc bulge and protrusion at L4-5, lumbosacral radiculopathy, left cervical radiculopathy, and partial tear at distal Achilles tendon on left side) and treatment to date (physical therapy (PT) x approximately 12). Per guidelines, ESI is recommended as an option for treatment of radicular pain. Current recommendations suggest a second ESI if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include: Radiculopathy must be documented by physical examination

and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). The request for Lumbar epidural steroid injection at level L5-S1 was denied on 10/07/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** Per guidelines, epidural steroid injection is recommended as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no documentation of even requesting an epidural therefore input from the requesting physician is absent. Furthermore, there is an MRI which shows L4-5 disc protrusion and examination findings consistent with radicular lower extremity pain but no specific findings supporting L5-S1 radiculopathy. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.