

<b>Case Number:</b>	CM14-0021110		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in 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 Physician 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 52 year old male who was injured on 07/20/2012. The mechanism of injury is unknown. Prior treatment history has included omeprazole 20 mg to protect the stomach, cyclobenzaprine HCL 10 mg, Norco 5/325 mg, Aterax 25 mg, and Trazodone 100 mg. The patient underwent a L5-S1 intralaminar epidural steroid injection on 02/20/2014. Diagnostic studies reviewed include MRI of the lower back performed on 07/17/2012 which demonstrates Grade II anterolisthesis at the L5-S1 disc level due to bilateral L5 spondylolysis; moderate to severe narrowing of bilateral neural foramina with flattening of the L5 nerve roots. There are degenerative changes and spondylosis at multiple levels of the lumbar spine and lower thoracic spine. Follow-up medical evaluation dated 04/17/2014 states the patient reports pain in his lumbar spine radiates through his bilateral lower extremities with associated burning sensations in his bilateral feet. On exam, he has bilateral positive straight leg raise test. Follow-up Orthopedic evaluation dated 02/04/2014 indicates the patient reports constant moderate to severe lumbar spine pain rated at 6/10, which radiates into his left lower extremity, along with numbness. His pain is sharp, shooting, and aching in nature. The patient reports sitting for prolonged time aggravates his pain. On exam, there is no misalignment, asymmetry, or crepitation of the lumbar spine. There is tenderness to palpation over the paraspinal musculature. Range of motion exhibits flexion to 60 degrees; extension to 20 degrees; bilateral rotation to 40 degrees; and lateral rotation to 20 degrees bilaterally. There is no instability, subluxation or laxity. He has abnormal paraspinal strength and tone. The patient has a restricted gait and unable to do heel-to-toe walk. He has positive straight leg raise on the right. Reflexes are 1+ bilaterally. There are no sensory deficits noted in bilateral lower extremities. Diagnoses are lumbar discopathy with radiculopathy and lumbar sprain/strain. Treatment and plan includes request an authorization for an epidural steroid injection to the lumbar spine at L5-S1, which are administered in a series of 3, to alleviate the patient's pain. Prior UR dated 02/12/2014 documents a request is made for three lumbar epidural steroid injections at L5-S1. Only 1 injection is certified and patient's status can be re-evaluated.

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

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

### **THREE (3) LUMBAR EPIDURAL STEROID INJECTIONS AT 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 Injections (ESIs) Page(s): 46.

**Decision rationale:** According to California MTUS and ODG guidelines, epidural steroid injection (ESI) may be recommended for lumbar radiculopathy if the patient is unresponsive to conservative treatment. Current research does not support a routine use of "series-of-three" injections in either the diagnostic or therapeutic phase. Repeat injections should be based on continued objective documented pain relief, decreased need for medications, and functional response. The employee was injured on 07/20/12 with chronic low back and radicular pain. Symptoms of lumbar radiculopathy are corroborated by CT scan of 01/27/14, which shows L5 nerve impingement as well as by EMG/NCS on 10/09/13. The employee has failed conservative care. Therefore, medical necessity of one-time lumbar ESI is established. However, the request is for series-of-three injections, which is not medically necessary and appropriate. Repeat procedures should depend upon the patient's response.