

<b>Case Number:</b>	CM14-0021286		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/11/2014
<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 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 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 49-year-old male with a 5/12/09 date of injury. The exact mechanism of injury was not described. On 9/17/13, it is noted that the patient had a left L4 ESI on 8/8/13 that provided 80% pain relief for 1 week. On 11/6/13, an L4-5 partial laminectomy/discectomy was performed. On 2/3/14, it is noted that the patient has unchanged symptoms from the previous visit. He has pain in the left groin and left hip. The patient continues to have pain, unimproved from pre-operative. The lumbar MRI dated 1/13/14 revealed abnormal tissue to the left of the thecal sac and engulfing the transiting the L5 nerve root at L4-5. There is a 2.5 mm disc osteophyte complex causing pressure over the anterior aspect of the thecal sac. It was not documented to demonstrate any significant pathology. Diagnostic Impression is Lumbar Spinal Stenosis, severe left groin pain s/p total hip arthroplasty in 10/11. Treatment to date: physical therapy, medication management, activity modification. A UR decision dated 2/11/14 denied the request for Repeat Trial Diagnostics of left L4-5 Transforaminal Epidural Injection. A peer-to-peer conversation indicated that the patient had not had an ESI(Epidural Steroid Injection) since his partial laminectomy on 11/16/13. After surgery, there was no decrease in pain or use of narcotic pain medication. He has not had any post-operative physical therapy because he has not been approved for it. The request was denied because there was failure of adequate post-operative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT TRIAL DIAGNOSTIC LEFT L4-5 TRANSFORAMINAL EPIDURAL 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 Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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. However, this patient is noted to be post-operative from November of 2013, after a lumbar laminectomy. He had a repeat lumbar MRI in January of 2014 which was noted to show no significant new pathology. He had a left L4 lumbar ESI in August of 2013 which provided 80% pain relief for 1 week, but has not had any ESIs post-operatively. There is no clear discussion of failure of conservative treatment other than Medrol Dosepacks after surgery, and in the peer-to-peer conversation documented in the UR decision, it is noted that the patient has not yet had post-operative physical therapy. The guidelines do not support epidural injections in the absence of appropriate conservative treatment. Therefore, the decision for Repeat Trial Diagnostic Left L4-5 Transforaminal Epidural Injection was not medically necessary.