

<b>Case Number:</b>	CM14-0021788		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Management 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:

The patient is a 26-year-old male who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of 03/14/2012. Medical records from 2013 were reviewed and showed that patient complained of constant low back pain, graded 9/10, radiating to the right leg and knee. Physical examination showed tenderness over the right sacroiliac joint. Range of motion was limited. MRI of the lumbar spine, dated 08/28/2013, revealed a broad based posterior disc bulge, and multilevel degenerative changes of the lower lumbar spine. Official report of the imaging study was not provided. Treatment to date has included medications, medial branch blocks, and Toradol injection. Utilization review, dated 02/12/2014, denied the request for epidural steroid injection because guidelines do not recommend ESI for more than 2 levels of injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION BILATERAL L3-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. No more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and injection therapy. However, physical examination did not show evidence of radiculopathy. Moreover, the latest MRI of the lumbar spine, dated 08/28/2013, made no mention of significant neural foraminal narrowing or nerve root compromise. Lastly, guidelines do not recommend ESI at more than two nerve root levels. The criteria for ESI have not been met. Therefore, the request for LUMBAR EPIDURAL STEROID INJECTION BILATERAL L3-S1 is not medically necessary.