

<b>Case Number:</b>	CM14-0022214		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/10/2014
<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 53-year-old male who has submitted a claim for cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain; associated with an industrial injury date of 08/09/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck and back pain radiating to the left foot. Physical examination showed tenderness of the bilateral multifidus and longissimus, as well as the spinous processes of L4, L5, and S1. Range of motion was limited. Lasegue's test was positive on the left. Hypoesthesia was noted on the left L4 dermatome. MRI of the lumbar spine, dated 10/12/2013, showed right L3-L4 and bilateral L4-L5 and L5-S1 neuroforaminal narrowing. EMG/NCV dated 10/16/2013 showed no evidence of radiculopathy. Treatment to date has included medications, acupuncture, and physical therapy. Utilization review, dated 02/10/2014, denied the request for epidural steroid injection because there was no documentation of attempt at conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL INJECTION OF THE LUMBAR SPINE L4-5 ON THE LEFT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and physical therapy. On physical exam, hypoesthesia over the L4 dermatome, and positive Lasegue's test were noted. MRI, dated 10/12/2013, revealed bilateral neuroforaminal narrowing at the level of L4-L5. However, the study failed to specify the degree of neuroforaminal narrowing, or show evidence of nerve root compromise. The criteria for ESI have not been met. Therefore, the request for EPIDURAL INJECTION OF THE LUMBAR SPINE L4-5 ON THE LEFT is not medically necessary.