

<b>Case Number:</b>	CM14-0025320		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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:

This patient is a 59-year-old male with date of injury of 01/22/2010. According to the treating physician's report 01/31/2014, the patient continues to have back pain, examination showing good strength and sensation in bilateral lower extremities, intermittent numbness coming down the left hand appears to be positional. Under assessment and plan, the patient will probably end up getting further epidural steroid injection at L5-S1 as I think that is where [REDACTED] put them the last time and that is probably the thing that really helped the patient and that what has been different between what [REDACTED] did and what the other previous doctors have done for this patient. A report of 12/03/2013 is an operative report for transforaminal right lumbar epidural steroid injection at level 5 performed by [REDACTED]. A 12/17/2013 report is by [REDACTED] and lists diagnoses of lumbago and lumbar radiculopathy, cervicalgia, and cervical myelomalacia. His report states that the patient continues to have severe neck pain progressively getting worse. In terms of low back, "We have been requesting an epidural steroid injection." He, as a patient, had this carried out with [REDACTED] at L4-L5 and it has given him significant pain relief. The pain level went down from 8/10 to 4/10 to 5/10. The patient has left lower extremity pain as well, still has some numbness and tingling on the anterior lateral portion of his calf examinations regarding the cervical spine but not for the lumbar spine. A 10/15/2013 report is an EMG study with impression of mild to moderate lumbosacral radiculopathy at the right and left L5, S1 levels. A 07/01/2013 report is an MRI finding with minimal annular bulging at L4-L5, slight retrolisthesis, and mild facet arthropathy which raised a facet effusion at L3-L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Section Epidural Steroid Injections (ESIs), pages 46-47.

**Decision rationale:** This injured worker presents with chronic low back pain. Review of the reports shows no clear documentation of leg symptoms but one of the reports does indicate the injured worker has left lower extremity symptoms. The current request is for a repeat lumbar epidural steroid injection as the injured worker had most recent lumbar epidural steroid injection on 12/03/2013. Regarding epidural steroid injections, the MTUS Guidelines require a clear diagnosis of radiculopathy defined as dermatomal distribution of pain, paresthesia, positive examination findings for a nerve root problem, corroborated by imaging findings. For repeat injections, 50% reduction of pain, improvement in function, and reduction of use of medication is required. In this case, the injured worker does not present with dermatomal distribution of pain. Although EMG studies concluded radiculopathies, bilateral L5, and S1, the MRI of the lumbar spine from 07/01/2013 does not show evidence of any nerve root problems such as stenosis or disk herniations. The MRI only described bulging discs with degenerative disc changes. Furthermore, the injured worker's previous injection from December 2013 may have provided pain reduction from 7/10 to 4/10, but there are no documentations regarding functional gains, specific functional changes, and reduction of medication use. Given the lack of documentation of clear radiculopathy, namely, no significant MRI findings, recommendation is for denial.