

<b>Case Number:</b>	CM14-0026924		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 52 year old male who reported an injury on 09/26/2012 due to an industrial injury at work. On 10/29/2013 an MRI of the lumbar spine revealed L5-S1, L3-4 and L4-5 had a broad based central/left para central disc protrusion which displaces the descending left S1 nerve roots and superimposed circumferential disc bulge and facet arthropathy cause moderate left foraminal narrowing. On 01/14/2014 injured worker complained of low back pain radiating down to the left buttocks and left thigh with a pain scale of 4/10. The injured worker stated that the pain was aggravated by sneezing, standing, sitting and walking but was relieved by rest and lying on the floor with knees elevated, and using ice and heat. It was noted the injured worker characterized his pain by aching, stabbing, burning and tingling sensations. It was also noted the injured worker had frequent numbness and tingling in the left foot. It was stated the injured worker had relief in the past with epidural steroid injections to decrease pain and spasms. On the physical examination done on 01/14/2014 it was noted that the injured worker had a positive leg raise at 45 degrees, tenderness of the bilateral lumbar facet joints and decreased sensation light to touch of the lower left extremity in the S1 dermatomal distribution. The injured worker medication included Lyrica, Norco, Omeprazole and Robaxin. The injured worker diagnoses included displacement of the lumbar intervertebral disc, without myelopathy and lumbosacral spondylosis without myelopathy. The treatment plan included for a decision on inject spine Lumbar/Sacral. The authorization request was submitted on 01/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECT SPINE LUMBAR/SACRAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California, MTUS Guidelines, Epidural Steroid Injections (ESIS) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sedations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** The request for inject spine Lumbar/Sacral is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documents submitted on 01/22/2014 reported the injured worker characterized his pain by aching, stabbing, burning and tingling sensations. The injured worker diagnoses included displacement of the lumbar intervertebral disc, without myelopathy and lumbosacral spondylosis without myelopathy. The physical examination had lack of evidence defining if the injured worker had radiculopathy. It was noted the injured worker had epidural steroid injections in the past there was lack of evidence to identify what time frame the injured worker had the epidural injections. There was lack of evidence of conservative care such as physical therapy and medication pain management. In addition, the authorization request form did not identify what type of injection. Given the above, the request for inject spine Lumbar/Sacral is not medically necessary.