

<b>Case Number:</b>	CM14-0030398		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Medicine, and is licensed to practice in California and Nevada. 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 30-year-old who sustained injury to his low back on April 27, 2013 while attempting to help coworkers lift a 700 pound metal pipe subsequently hurting the lower back causing pain. The injured worker reported his pain at 8-9/10 on the visual analog scale that was progressively worsening in the mid and low back radiating down the left leg with associated numbness and tingling. The injured worker continued to work on full duty. MRI of the lumbar spine revealed large disc extrusion extending predominately to the left midline at L5-S1 with significant compression of the thecal sac and also of the left S1 nerve root. Electrodiagnostic studies (EMG/NCV) of the bilateral lower extremities dated November 25, 2013 was unremarkable. Physical examination noted decreased sensation along the medial/lateral foot; straight leg raise posterior at 30 degrees left, negative right; back spasm; unremarkable gait; muscle testing normal; deep tendon reflexes knee jerk 2 right, 0 left, ankle jerk 2 right, left 1. The injured worker was diagnosed with subacute left side back pain with radiculopathy of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Injection, Lumbar Spine x 3:** 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 injections (ESIs) Page(s): 46.

**Decision rationale:** Previous request was denied on the basis that the level/laterality of the injection was not specified in the request and that there was no documentation of failure of full course of conservative treatment, including physical therapy prior to the request. The Chronic Pain Medical Treatment Guidelines state that 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. Current research does not support 'series of three' injections in either the diagnostic or therapeutic phase. The request for three lumbar epidural injections for the lumbar spine is not medically necessary or appropriate.