

<b>Case Number:</b>	CM14-0032776		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 47-year-old male with a reported date of injury on 10/04/2012. The mechanism of injury was noted to be repetitive lifting and cumulative trauma. His diagnoses are noted to include lumbar spine sprain/strain, lumbar radicular syndrome, lumbar disc protrusions at L4-5, and L5-S1 levels with degenerative changes. His previous treatments were noted to include physical therapy, medications, and epidural steroid injections. An electrodiagnostic test performed 03/11/2013 revealed no indicators of cervical and lumbar radiculopathy. The MRI performed 10/22/2013 revealed disc desiccation at L5-S1 with mild associated loss of disc height at this level, L4-5 at focal right paracentral posterior disc protrusion that deformed the ventral thecal sac. Facet arthrosis contributed to mild bilateral foraminal narrowing. The disc measurement was noted to be 2.7 mm. At L5-S1 a moderate local left paracentral disc protrusion obliterates and occupies the left lateral recess, impinging upon and posteriorly displacing the left transiting S1 nerve root. The disc abnormality caused mild stenosis of the spinal canal. Disc material and facet hypertrophy caused stenosis of the left neural foramen with contact of the visualized bilateral L5 exiting nerve roots with disc measurement noted to be 5.4 mm. The progress note dated 09/16/2013 revealed the injured worker underwent a lumbar epidural steroid injection 09/04/2013; however, it had not been helpful to relieve his lower back and lower extremity complaints. The low back was described as constant, dull aching, throbbing pain which increased on minimal to no activity including prolonged standing, walking, bending, and twisting with numbness and tingling of the lower extremities. The injured worker rated his pain as 9/10. The progress note dated 02/17/2014 revealed the injured worker noted improvement from the injection to the right shoulder. The physical examination of the lumbar spine noted tenderness to palpation in the upper, mid, and lower paravertebral muscles. The range of motion was

diminished and there was increased pain with lumbar extension. The provider indicated straight leg raising and rectus femoris stretch sign did not demonstrate any nerve irritability. The neurological examination of the lower extremities noted patchy, decreased sensation in the bilateral lower extremities, most notably in the L5 distribution. The Request for Authorization Form dated 04/14/2014 was for a lumbar epidural steroid injection for lumbar radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat lumbar epidural steroid injection, level unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injection Page(s): 46.

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

**Decision rationale:** The injured worker has had a previous lumbar epidural steroid injection 09/2013 with no pain relief. The California Chronic Pain Medical 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). The guidelines criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatments (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker received a previous epidural steroid injection which provided no pain relief of the lumbar radicular symptoms. The clinical findings, consistent with radiculopathy, are patchy decreased sensation in the bilateral lower extremities, most notably in the L5 distribution. The MRI performed 10/20/2013 revealed bilateral foraminal narrowing to the L4-5 and mild stenosis of the left neural foramen with contact of the bilateral L5 exiting nerve roots. There is a lack of documentation showing significant neurological deficits such as decrease in motor strength or sensation in a specific dermatomal distribution, the previous epidural steroid injection provided no pain relief, and this request failed to specify fluoroscopy and the intended levels of the injection. Therefore, the request is non-certified.