

<b>Case Number:</b>	CM14-0033227		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Occupation Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 22, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; a cane; earlier lumbar laminectomy surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for L2-L3, L3-L4, L4-L5, and L5-S1 epidural steroid injections and lumbar facet blocks. The claims administrator denied the epidural block and facet blocks while citing MTUS Chronic Pain Medical Treatment Guidelines on epidural steroid injection therapy and ODG Guidelines on facet joint injection therapy. The overall rationale was very sparse and comprised of two sentences. The claims administrator noted that combining facet and ESI injections was not an acceptable treatment plan. The applicant's attorney subsequently appealed. A May 20, 2014 progress note was somewhat difficult to follow, mingled old complaints with current complaints, and was notable for comments that the applicant reported persistent low back pain radiating to the right leg, including the right thigh and right foot. It was stated that the applicant has failed to return to work. The applicant's BMI was 22. The applicant exhibited lower extremity strength scored at 5/5. It was stated that the applicant had atrophy about the right foot. Epidural steroid injection therapy, facet injections, hardware injections, and/or a back support were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient S1 epidural steroid injection (ESI) versus transforaminal selective nerve root block and bilateral L2-L3, L3-L4, L4-L5 AND L5 TO S1 facet injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** No, the proposed multilevel epidural steroid injections and facet injections at L2-L3, L3-L4, L4-L5, and L5-S1 are not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, however, there is in fact, considerable lack of diagnostic clarity. It has been alternately implied that the applicant's pain is facetogenic in nature, radicular in nature, and/or associated with indwelling fusion hardware. It is not, furthermore, clearly stated whether the applicant has present radiographic and/or electrodiagnostic corroboration of radicular complaints. It is further noted that the MTUS Guideline in ACOEM Chapter 12, Table 12-8 notes that facet joint injections such as those proposed here are "not recommended." As with the request for epidural injections, the considerable lack of diagnostic clarity argues against the need for facet blocks. The attending provider has alternately posited that the applicant's pain is facetogenic in nature, radicular in nature, and/or associated with indwelling fusion hardware. Therefore, the requests are not indicated owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM recommendation on facet joint injections and the unfavorable positions espoused on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines against epidural steroid injections at more than two levels. Accordingly, the request is not medically necessary.