

<b>Case Number:</b>	CM14-0036686		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Management and is licensed to practice in Florida. 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 33-year-old male who reported an injury on 07/27/2012 due to repetitive lifting and pulling, and felt pain in his back. The injured worker had a history of lower back pain. The injured worker had a diagnosis of lumbar spine strain. The prior diagnostics included an electromyography study dated 10/14/2012 that revealed a normal study of the lumbar spine and lower extremities without evidence of radiculopathy. The MRI dated 10/15/2012 of the lumbar spine revealed disc desiccation at the L4-5 and a 2 mm annular tear/central broad-based disc protrusion. The past treatments included 5 sessions of physical therapy and medication. The objective findings dated 01/14/2014 of the lumbar spine revealed no tenderness on palpation, and straight leg raise was positive to the right at 50 degrees and positive to the left with 60 degrees. The range of motion to the lumbar spine was restricted and painful with forward flexion of 40 and extension of 18 degrees. The medications included cyclobenzaprine 10 mg, naproxen 550 mg, tramadol 50 mg, and flurbiprofen 180 grams. The injured worker rated his pain to the lower back an 4/10 to 5/10 with activities, and increased to an 8/10 to 9/10 with sitting more than 30 minutes using the VAS. The treatment plan included acupuncture treatments, Functional Capacity Evaluation, and medicine consultation. The Request for Authorization dated 06/25/2014 was submitted with the documentation. The rationale for the epidural steroid injection was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Epidural Steroid Injection (ESI) with decompression neuroplasty, L4-5 bilaterally, (05/30/13, 06/27/13, 07/25/13): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend, for an epidurals injection, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. Current research does not support a "series of 3" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESIs. The California MTUS Guidelines recommend, for repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation provided, indicated that the injured worker had physical therapy; however, no documentation was provided. The MRI dated 10/2012 indicated that the injured worker did not have radiculopathy. The guidelines indicate that a collaborating study show evidence that the injured worker have radiculopathy. As such, the request is not medically necessary.

**Facet Injections, L4-5 bilaterally (05/30/13, 06/27/13, 07/25/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The California MTUS/ACOEM indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the clinical notes, the injured worker had chiropractic therapy, physical therapy, and acupuncture therapy; however, the documentation was not provided for review. Per the clinical notes dated 12/01/2013, the injured worker stated that he had had lumbar epidural steroid injections at the L4-5 bilaterally on 05/30/2013, 06/27/2013, and 07/25/2013. As such, the request is not medically necessary.

