

<b>Case Number:</b>	CM14-0037129		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/19/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Occupational 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 claimant was injured on 7/19/09. She has a diagnosis of lumbosacral sprain and degenerative disc disease of the lumbar spine. She had a 5 mm disc on MRI. The case history indicated that she had two epidural injections in the past, but did not feel any significant improvement. The last injection was in July 2013 (L5-S1). Her subjective findings did not include lumbar or sacral radicular symptoms. There were no lumbosacral radicular findings. EMG/NCV did not report any nerve compromise. MRI showed no nerve compromise, but only mild foraminal narrowing. She saw [REDACTED] on 3/31/14. He stated the MRI showed a 5 mm disc, but the level and full description of the "disc" were not stated. She had new electrodiagnostic studies on 1/28/14. Physical examination of the low back was not recorded. She was diagnosed with a sprain of the lumbar spine. An epidural steroid injection had been authorized and was to be scheduled. On 4/17/14, she saw [REDACTED] for low back and left knee pain. She had some radiating pain from the low back to the bilateral buttocks down to the thigh with no numbness in her legs. There were some tender areas in the low back. An injection to her knee was recommended. She had an agreed medical examination by [REDACTED] on 4/22/14. He stated that [REDACTED] had recommended epidural steroid injections, but authorization was not forthcoming. She had constant moderate pain in the low back with limited mobility due to pain on range of motion. She denied radiculopathic symptoms. She had decreased range of motion which was mild. She had full strength and no neurologic deficits. A second epidural steroid injection was pending. On 5/30/14, she saw [REDACTED] and still had left knee and low back pain. She was taking several medications for pain. She has some radiating pain from her low back down the bilateral buttocks to the thigh but no numbness in her legs. Physical examination revealed no neurologic deficits. Her gait was stable. She had painful range of motion of the low back with tender spots over the bilateral sacroiliac bursae and paraspinal regions. Trigger point injections were recommended to

her low back. She received an injection to her knee. She also received diclofenac. Trigger point injections and a steroid injection for the left knee were also recommended on 5/15/14. On 1/28/14, the claimant had electrodiagnostic studies of her upper extremities. An EMG of the left lower extremity in December 2010 did not reveal evidence of lumbar radiculopathy. She saw [REDACTED] on 6/2/14. When she was seen on 4/28/14, he recommended updated electrodiagnostic studies, but they were not received. She had recently seen a pain management doctor and she received a cortisone injection to her left knee. This helped to decrease her pain. She was wearing a knee sleeve. Her low back was not examined. She was to continue home exercises.

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

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

#### **Second Lumbar Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections may be recommended as an option for treatment of radicular pain. The criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) 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; 5) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case, there is no description of radicular symptoms or findings of radiculopathy on recent physical examinations. The results of the initial injections were reported to be less than that required to allow repeat injections per the MTUS. It is not clear, either, whether the claimant is involved in an ongoing exercise program which is to be continued in conjunction with injection therapy. The level to be injected should be clearly identified, even if level L5-S1 was treated in the past. The medical necessity of a repeat ESI has not been demonstrated.