

<b>Case Number:</b>	CM14-0037747		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 46-year-old male with a reported injury on 08/12/2012 due to cumulative trauma. His diagnoses included degenerative lumbar/lumbosacral disc disease, lumbosacral spondylosis, displaced lumbar intervertebral disc, spinal stenosis of the lumbar region, sciatica, pain in the joint hand, and carpal tunnel syndrome. There were no previous treatments or conservative care that was documented as far as therapy, NSAIDs, or a home exercise program. The injured worker has had a previous carpal tunnel release and cubital tunnel release. The injured worker had an examination on 03/06/2014 regarding low back pain along with left lower leg symptoms. It was reported that the injured worker has had a previous lumbar epidural injection on 07/29/2013 and reported only 25% relief to the left leg pain and to the lower back. The duration of the efficacy lasted for 2 weeks. The injured worker reported that his lower back pain was mainly located on the left side of his lower back with radiation to his left buttock that continued down to his left leg and foot associated with dullness in his leg and foot. The range of motion of his lumbar spine was restricted with flexion of 75 degrees, extension of 15 degrees, rotation of 35 degrees bilaterally and laterally, and bending of 15 degrees. Palpation of the lower back revealed that there was mild tenderness over the spinous processes. The lower extremities' deep tendon reflexes were trace symmetrical at the knees, but unobtainable at the ankles. The motor strength of his lower extremities testing demonstrated grade 5 strength without any neurological deficits. The straight leg raising test in the sitting position was done to approximately 75 degrees on the right and without lower back pain or any radicular leg pain, but on the left it was 70 degrees with some left buttock pain and some hamstring tightness and some radicular left leg pain. There was moderate tenderness under the left 2nd metatarsal. There was not a reflex test performed. There was not an MRI or EMG performed or provided for review. It was reported that the injured worker takes Norco for pain and Xanax for anxiety. No other

medications were listed. The efficacy of those medications was not provided, and his pain level was not provided on a VAS scale. The recommended plan of treatment was that the examiner believed that surgery was probably going to be the only resolution to the lower back pain. He is requesting authorization for an additional Lumbar Epidural Injection. The Request for Authorization was not provided and the rationale was not provided.

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

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

#### **An Additional Lumbar Epidural Injection x1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 request for An Additional Lumbar Epidural Injection times 1 is not medically necessary. The California MTUS Guidelines recommend an ESI to reduce pain and inflammation, restoring range of motion, and facilitating the progress in more active treatment programs and avoiding surgery. The injured worker has had a previous epidural injection with 25% of relief. There was no imaging or electrodiagnostic testing provided to corroborate the examination of radiculopathy. There was a lack of evidence that the injured worker was initially unresponsive to conservative treatments. There is no documentation of exercises, physical methods, NSAIDs, and/or muscle relaxants. The purpose of an epidural steroid injection is also to avoid surgery, and the examiner believed that surgery was probably going to be the only resolution to the low back issues. Furthermore, it is recommended for the epidural injections to be performed with fluoroscopy for guidance, and the recommendation does not mention the use of fluoroscopy for guidance. Additionally, the request does not specify which level of the lumbar spine to inject. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for An Additional Lumbar Epidural Injection times 1 is not medically necessary.