

<b>Case Number:</b>	CM14-0038383		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/28/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 44 year old male with a date of injury on 4/28/2013. Patient has been treated for ongoing symptoms in the lower back. Subjective complaints are of low back pain that has been improving. Physical exam shows a non-antalgic gait and mild tenderness with mild spasm at the lumbar spine. There is no neurological deficit, and straight leg raise test was equivocal. Prior treatment has included a back brace, hot pack and H-wave, physical therapy, and soft tissue mobilization. An X-ray taken of the lumbar spine did not show fracture, dislocation, or significant degenerative changes. An magnetic resonance imaging (MRI) of the lumbar spine revealed a 4mm central disc protrusion at L5-S1, 3mm disc protrusion at T11-12 and a 2-3mm disc protrusion at T10-11. There was no evidence of neural impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Caudal Epidural Injection QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 12 Low Back Disorders, Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 400, Chronic Pain Treatment Guidelines ESI Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) notes that the purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. This patient has improving low back pain documented, and records do not establish a physical exam consistent with an active radiculopathy. Therefore, for these reasons an epidural steroid injection is not medically necessary.

**Selective Nerve Root Blocks at L5-S1 bilaterally QTY: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 12 Low Back Disorders, Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 400, Chronic Pain Treatment Guidelines ESI Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) notes that the purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. This patient has improving low back pain documented, and records do not establish a physical exam consistent with an active radiculopathy. Therefore, for these reasons selective nerve blocks are not medically necessary.