

<b>Case Number:</b>	CM14-0040966		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 patient is a 49-year-old male who has submitted a claim for lumbar strain and herniated lumbar disc associated with an industrial injury date of May 21, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain with radicular symptoms to the left leg. Physical examination of the lumbar spine showed limitation of motion; tightness over the lumbar paraspinal musculature; positive straight leg raise at 70 degrees on the right and 75 degrees on the left. MRI of the lumbar spine obtained on July 13, 2013 revealed early disc desiccation at L2-3; disc desiccation at L3-4, and L4-5 levels; diffused disc protrusion compressing the thecal sac at L2-3 and L3-4; bilateral neural foraminal stenosis encroaching the left and right L2, L3, and L4 exiting nerves; focal central disc extrusion with inferior and left lateral migration superimposed on diffused disc bulge and annular tear indenting the thecal sac at L4-5; and focal central disc protrusion indenting the thecal sac at L5-S1. Lumbar spine x-ray documented evidence of narrowing at L4-5 and L5-S1 with mild degenerative joint disorder. Electrodiagnostic studies performed on March 5, 2014 demonstrated abnormal findings consistent with L4-L5 radiculopathy. The diagnoses were lumbar strain, herniated lumbar disc, status post ESI injection. He has received epidural steroid injection on December 4, 2013 which provided relief. Treatment plan includes a request for the 2nd lumbar ESI for therapeutic and analgesic purposes. Treatment to date has included oral analgesics, physiotherapy, TENS, and lumbar ESI. Utilization review from March 28, 2014 denied the request for lumbar epidural steroid injection at the L2-L3, L4-L5, and L5-S1 levels because the outcome of the initial epidural injection was not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Number 2, Lumbar Epidural Steroid Injections at the L2-L3, L4-L5, and L5-S1 Levels:**

Upheld

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

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

**Decision rationale:** According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; no more than two nerve root levels should be injected using transforaminal blocks; no more than one interlaminar level should be injected at one session; no more than 2 ESI injections; and 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. In this case, the patient has received previous lumbar ESI which provided relief. However, percentage and duration of pain relief were not discussed. The guideline recommends repeat ESI when at least 50% pain relief is achieved for six to eight weeks. Moreover, it is unclear whether transforaminal or interlaminar injection will be done. Transforaminal blocks greater than two nerve root levels and injection of more than one interlaminar level at one session are not recommended. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Lumbar Epidural Steroid Injections at the L2-L3, L4-L5, and L5-S1 Levels is not medically necessary.