

<b>Case Number:</b>	CM14-0044326		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and Rehabilitation 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 injured worker is a 61-year-old female with a reported date of injury on 08/30/2010. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include lumbar radiculopathy, lumbar degenerative disc disease, and lumbar disc disorder. Her previous treatments were noted to include epidural steroid injection and trigger point injections. The provider reported an MRI to the lumbar spine performed on 10/19/2012 revealed the L5-S1 mild retrolisthesis, small concentric disc bulge and minimal facet joint arthropathy, no central canal stenosis or neural foraminal narrowing, mild concentric disc bulges at L2-3 and L4-5 with no central canal stenosis or neural foraminal narrowing. The progress note dated 06/04/2014 revealed the injured worker complained of pain radiating from the low back down both legs with a lower backache and bilateral hip pain. The pain level had decreased since the last visit and there were no new problems or side effects, and the quality of sleep was poor. The physical examination revealed the inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. The range of motion was restricted with flexion limited to 30 degrees limited by pain and extension limited to 5 degrees limited by pain. Upon palpation, paravertebral muscles, spasms, and tenderness were noted on both sides. There was positive lumbar facet loading on both sides and straight leg raise test was positive on the left side. There was tenderness noted over the left hip bursitis. The motor examination revealed 4/5 strength to the left, ankle dorsiflexors and left, knee extensors. On sensory examination, light touch sensation was decreased over the L4 and L5 lower extremity dermatome on the left side. Upon examination of the deep tendon reflexes, the knee jerk was 0/4 on both sides and the ankle jerk was 0/4 on both sides. The request for authorization form dated 03/27/2014 is for a lumbar epidural steroid injection to L4-5 for lumbar radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Epidural Steroid Injection at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

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

**Decision rationale:** The request for a lumbar epidural steroid injection at L4-5 is not medically necessary. The injured worker received a previous lumbar epidural steroid injection and trigger point injections. The California Chronic Pain Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected in 1 session. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation regarding when the injured worker had her epidural steroid injection, the percentage of pain relief and 6-8 weeks of medication reduction. Additionally, the MRI does not corroborate radiculopathy and therefore, the request for a lumbar epidural steroid injection is not medically necessary.