

<b>Case Number:</b>	CM14-0044553		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/11/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/12/2014
<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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 44-year-old male with a 9-11-2007 date of injury. A specific mechanism of injury was not described. 3/12/14 determination was non-certified given that the patient had an epidural steroid injection (ESI) two years previously and the necessity of a repeat ESI was questionable; the details of the prior injection including the level and laterally were not known, and the MRI of the lumbar spine was 4 years old and recent imaging studies were not available. An unsigned letter from [REDACTED] dated 3/18/14 identified that the patient had chronic low back pain and radiculitis of the right lower extremity. The patient had diminished sensation in the bilateral lower extremities and had pain with lumbar flexion and extension. 2/7/14 initial pain management consultation (unsigned) identified low back pain rated 8/10 with sharp and intermittent pain radiating down the right leg with numbness and weakness. It was noted that the patient had an epidural two years ago with some help, also physical therapy two years ago, and medication. Exam revealed limited lumbar range of motion, decreased pinprick over the right lateral calf as compared to the left, and tenderness along the lumbar spinous process L4 and L5 with radiation. Manual muscle testing was described as 3/5 for right hip flexion and knee extension 4/5 on the right. Left hip flexion, left knee extension, and bilateral ankle plantar flexion was rated at 5/5. There were requests for an epidural injection, physical therapy, acupuncture, medications, and a psychological evaluation. An additional medical report also dated 2/7/14 (signed by [REDACTED]) identified 4/5 muscle strength on the right foot and 4/5 extensor hallucis longus (EHL) strength. Inability to heel walk on the right side, decreased range of motion, positive straight leg raising (SLR), and diminished sensation in the right L4 and L5 nerve root distribution. A request was made for a functional restoration program for the chronic low back pain. 2/11/09 lumbar spine magnetic resonance imaging (MRI) report revealed at L4-5, 4-5mm posterior disk bulge with focal disk extrusion traveling 3mm in a caudal direction

resulting in mild to moderate left and moderate right neural foraminal narrowing and facet joint hypertrophy.

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

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

#### **Lumbar Epidural Steroid Injection for L4-L5 (Lumbar 4-Lumbar 5) Spine Bilateral:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46. Decision based on Non-MTUS Citation American Medical Association (AMA) Guidelines, Radiculopathy.

**Decision rationale:** The CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology, and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. The patient was apparently seen by two different physicians on the same date (2/7/14). Both reports revealed decreased sensation concordant with the requested levels, however, there were discrepancies on the requested treatments. One of the medical reports identified a request for a pain management program, while the other requested several treatment modalities (including the epidural injection). It was not clear if there was a comprehensive future treatment plan in place for the patient (discussed and agreed by the patient's physicians). In addition, the magnetic resonance imaging (MRI) report provided was from 2009 and no other (more recent) imaging studies were presented for review. There was no indication that the patient had undergone recent physical modalities, as the documented therapy was performed two years ago. There was also no information regarding the previous epidural performed, including level(s), side(s), and specific pain relief and functional benefit. The medical records failed to provide clear documentation to support the medical necessity of an epidural injection at this point.