

<b>Case Number:</b>	CM14-0049411		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Tennessee. 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 41 year old male who has submitted a claim for Lumbar Spine Radiculitis and Cervical Spine Degenerative Disc Disease associated with an industrial injury date of February 16, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. On physical examination, the patient ambulated with a cane on his left hand. He had a right antalgic pattern with shortened stance phase. No recent imaging or electrodiagnostic studies were included in the records for review. Treatment to date has included medications, H-wave therapy, and lumbar epidural steroid injection. A utilization review from March 31, 2014 denied the request for Right L4, S1, Left L5 Epidural Steroid Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4, S1, Left L5 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 48.

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

**Decision rationale:** According to page 46 of the MTUS Chronic Pain Guidelines, criteria for the use of epidural steroid injections include: (1) radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; (2) initially unresponsive to conservative treatment; (3) no more than two nerve root levels should be injected using transforaminal blocks; and (5) repeat blocks should be based on continued objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, records showed that the patient previously underwent a lumbar epidural steroid injection, which provided 70% relief for two weeks only. Furthermore, there was no documentation of radiculopathy via physical examination or imaging or electrodiagnostic studies. There was also no discussion regarding failure of conservative treatment. In addition, the present written request involves three lumbar levels, which is beyond the guideline recommendations of no more than two nerve root levels to be injected at a time. The criteria were not met. As such, the request is not medically necessary and appropriate.