

<b>Case Number:</b>	CM14-0052945		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 & Rehabilitation 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 patient with a date of injury of June 8, 2012. A utilization review determination dated March 24, 2014 recommends non-certification for an epidural steroid injection. A progress report dated February 4, 2014 identifies subjective complaints of "pain which is less" but stiffness has come back. Objective examination identifies tight muscles with point tenderness found at L3, L4, L5, and T 11. Diagnoses state that the patient's condition is the same as last visit. The treatment plan recommends spinal manipulation, therapeutic exercise, lumbar traction, and ultrasound. A progress report dated January 21, 2014 identifies subjective complaints of left lumbar and right lumbar pain. The note indicates that the patient is doing home exercises and walks daily. Objective examination findings identify tight muscles with 50% improved range of motion. The diagnoses state that the patient is not working. The requesting physician does "not understand why the epidural has not been authorized." A progress note dated October 10, 2013 includes subjective complaints indicating that the patient has left leg radicular numbness in the L5-S1 dermatome. There is a positive straight leg raise with 3/5 Waddel's sign. Diagnosis includes chronic lumbago with left L5-S1 hyperesthesia. The treatment plan recommends physical therapy and/or aquatic therapy. The next step of care would be consideration for an epidural steroid injection. A progress note dated October 21, 2013 indicates that the patient has previously undergone physical therapy. Additional physical therapy may be recommended after an epidural injection once the patient's pain is reduced. A qualified medical evaluation dated August 15, 2013 includes a review of the MRI dated August 3, 2012. The MRI shows no foraminal stenosis with mild circumferential spinal canal stenosis at L3-L4 and L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** Regarding the request for an Epidural Steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. It is acknowledged that in 2013, there have been subjective complaints and objective findings consistent with radiculopathy. However, more recent progress notes have indicated that the patient has improved 50% and no longer contain any subjective complaints or objective findings supporting a diagnosis of radiculopathy. Furthermore, no imaging or electrodiagnostic studies have been provided supporting a diagnosis of radiculopathy at the proposed level. Finally, the current request for "epidural injection" is nonspecific and does not include a proposed level or proposed spinal area (such as cervical or lumbar). The note indicates that the requested injection would likely be performed at the L4-5 level in the lumbar spine, but there is no provision to modify the current request. In light of the above issues, the currently requested "Epidural Injection" is not medically necessary.