

<b>Case Number:</b>	CM14-0053702		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 43-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy associated with an industrial injury date of June 2, 2011. The medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating down the bilateral lower extremities. This was accompanied by frequent numbness and weakness of the bilateral lower extremities, and frequent muscle spasms of the lower back. The patient's pain was rated 5/10 with medications, and 7/10 without medications. A physical examination of the lumbar spine showed spasm in the bilateral paraspinous musculature; increased pain on lumbar flexion and extension; tenderness in the bilateral paravertebral area, L4-S1; and decreased strength of the extensor muscles along the L4-S1 dermatomes in the bilateral lower extremities. MRI of the lumbar spine dated January 12, 2012 revealed central disc protrusion and annular tear with mild central spinal canal stenosis at L3-4 and L4-5; mild narrowing at the caudal margin of the left neural foramen at L4-5; and central disc herniation at L5-S1 measuring approximately 3-4mm with annular tear and mild central spinal canal stenosis. The diagnoses were lumbar disc displacement; lumbar facet arthropathy; lumbar radiculopathy; ilioinguinal neuralgia, right; chronic pain, other, and L3-L5 annular tear. He has previously received transforaminal epidural steroid injection (ESI) at the bilateral L4-S1 on August 20, 2013, and reports 5-20% overall improvement post procedure. Treatment plan includes a request for repeat diagnostic lumbar interlaminar ESI at L4-5 due to limited response from prior injection. The treatment to date has included oral analgesics, muscle relaxants, and lumbar ESI. A utilization review from April 8, 2014 denied the request for lumbar epidural steroid injection L4-L5 because guideline does not support repeat ESI if there is inadequate response to the first injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injections (ESI) at Lumbar 4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) 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 Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, criteria for epidural Steroid Injections (ESI's) 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 one interlaminar level should be injected at one session; 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, previous lumbar ESI was given on August 20, 2013 which provided only 5-20% overall improvement. There was also no objective evidence of radiculopathy corroborated by imaging and electrodiagnostic studies. The guideline requires presence of objective radiculopathy and at least 50% pain relief lasting 6-8 weeks from previous injection. In addition, there was no evidence of trial and failure of conservative treatment to manage pain. 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 (ESI) at lumbar 4-5 is not medically necessary.