

<b>Case Number:</b>	CM14-0055284		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 32-year-old male who reported an injury after tripping and twisting his lower back on 03/15/2013. The clinical note dated 01/27/2014 indicated diagnoses of lumbar strain and disc protrusion to L3-4, L4-5, and L5-S1 with stenosis and radiculopathy. The injured worker reported constant back pain that radiated into his right posterior and lateral thigh into his ankle. The injured worker reported difficulty with falling asleep and staying asleep due to pain. On physical exam of the lumbar spine, lumbar range of motion was restricted with pain at the limits of his range. The injured worker had decreased light touch sensation in the posterior calf bilaterally. The injured worker had an unofficial urine toxicology screen dated 12/16/2013 which revealed all negative for tested modification except for marijuana. The prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Tramadol, Duexis, and Celebrex. The provider submitted a request for lumbar epidural steroid injection at L3-4, L4-5, and L5-S1. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L3-L4, L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) and Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** The request for lumbar epidural steroid injection L3-L4, L4-L5 and L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. Radiculopathy must be evidenced by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Candidates for lumbar ESI should have been initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. No more than 2 ESI are recommended. Although the injured worker complained of constant, severe low back pain that radiated into his right posterolateral thigh to the right ankle, there is a lack of documentation including an adequate and complete physical exam. In addition, there is a lack of evidence in the documentation provided that the injured worker has exhausted conservative therapy options, such as NSAIDs and physical therapy. In addition, the official MRI and EMG were not submitted for review to corroborate radiculopathy. Moreover, the guidelines recommend no more than 2 epidural steroid injections. Additionally, the request did not indicate fluoroscopy for guidance. Therefore, the request for lumbar epidural steroid injection at L3-4, L4-5, and L5-S1 is not medically necessary.