

<b>Case Number:</b>	CM14-0061994		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/20/1990
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine 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 59-year-old male with a 1/20/90 date of injury. He injured his low back when he was moving a railroad tie. According to a progress report dated 3/10/14, the patient complained of low back pain radiating down the medial aspect of both lower extremities from the low back to the mid-calf region, rated as a 4/10. He also had pain along the anterior portion of the right leg, extending from the knee to the ankle. The patient has not been since 9/21/13. Objective findings: tenderness to midline of lower lumbar spine, limited cervical and lumbar range of motion, 5/5 muscle strength in upper and lower extremities, normal sensation to light touch of upper extremities, increased sensation to light touch along left calf. An x-ray of the lumbar spine (date unknown) revealed moderate narrowing of the L4/5 and L5/S1 disc space with osteophyte and minimal narrowing between L3 and L4. Diagnostic impression: lumbar degenerative disc disease. Treatment to date includes medication management, activity modification, and TENS unit. A UR decision dated 4/9/14 denied the request for lumbar epidural steroid injection. However, radiculopathy should be evidenced in the planned injection level, which has not yet been specified in this case. There are no imaging studies or electrodiagnostic testing provided to corroborate radiculopathy at this time. The patient's course of treatment since the injury of more than two decades was not discussed, and he has not had other new pain relief therapies since he was seen in September last year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection under Fluoroscopic Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the California 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, with a general recommendation of no more than 4 blocks per region per year. However, in the present case, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. There is also no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. In addition, the specific nerve root for the epidural steroid injection is not noted in this request. Therefore, the request for lumbar epidural steroid injection under fluoroscopic guidance is not medically necessary.