

<b>Case Number:</b>	CM14-0074989		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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:

This is 41 year old male with a 8/29/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/6/14 noted subjective complaints of low back pain. Objective findings included tenderness over the lumbar spine and limited motion. Progress reported dated 3/17/14 noted 8/10 lower back pain radiating to bilateral legs and numbness of bilateral legs R>L. reflexes for the knee are diminished on the right and normal on the left. There was sensory loss on the right in a dermatomal distribution of L2-S1. There was documented unresponsiveness to conservative therapy (home exercise, PT, and NSAIDs) for 4-6 weeks. EMG/NCV on 3/7/14 demonstrated L5 bilateral radiculopathy. Diagnostic Impression: sciatica, lumbar strain Treatment to Date: medication management, physical therapy A UR decision dated 5/15/14 denied the request for lumbar epidural injection. There is no documentation of pain intensity or response to previous medication treatment. No other diagnostic information available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

**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:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA 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, although there is both subjective and objective evidence of an L5 radiculopathy by exam as well as EMG/NCV, the request does not specify at which level the proposed injection will occur. Therefore, the request for lumbar epidural injection was not medically necessary.