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| <b>Case Number:</b>   | CM14-0081666 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 08/01/2001 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 05/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2014 |

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 67-year-old male, who reported an injury on 08/01/2001. An MRI performed on 04/17/2014 of the lumbar spine revealed evidence of an intervertebral body spacer at L4-5, a 4 mm retrolisthesis at L2-3, and a 4 mm broad based disc bulge at L3-4. On 04/16/2014, the injured worker presented with increased back pain and left leg radiating pain. Upon examination, there was improvement of the right upper extremity tremor and rigidity and painful lumbar spine range of motion and referred back pain and a positive Lasegue's on the left. The diagnoses were post laminectomy pain, lumbar radiculitis, and hypertension. Previous therapy included medications. The provider recommended a lumbar select epidural block L2-4; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Selective Epidural Block L2-4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for a lumbar selective epidural block L2-4 is not medically necessary. Per the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and corroborated by admitting studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that there was painful lumbar range of motion and referred back pain and a positive Lasegue's on the left. Confirmation is needed on motor strength and sensory deficits. Additionally, there should be tenderness over the specific facets being requested for the epidural block. There is lack of physical examination findings of radiculopathy corroborated with imaging or electrodiagnostic testing. There is also a lack of information on if the injured worker would be participating in an active treatment program following the requested injection. The provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. Based on the above information, medical necessity has not been established. Therefore, this request is not medically necessary.