

<b>Case Number:</b>	CM14-0085750		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & 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 57-year-old female with a reported date of injury on 07/20/2013. The mechanism of injury was reportedly caused by lifting boxes that weighed approximately 40 to 50 pounds. The injured worker complained of constant pain in her low back traveling to her right leg, described as aching, shooting, burning and throbbing. The injured worker rated her pain at 8 to 9 out of 10. The injured worker reported experiencing frequent numbness and tingling, with frequent weakness in her low back and right leg. Previous conservative care included physical therapy, chiropractic treatment, lumbar support, home exercise, hot/cold therapy, and lumbar traction. The clinical documentation provided for review indicates the patient underwent an epidural steroid injection on 01/30/2014 and on 03/25/2014. The clinical note dated 04/08/2014 indicates the procedures did not help to restore ability to function to the low back. The injured worker indicated the procedure did not reduce the injured worker's leg pain at all, and has not improved her ability to perform activities of daily living, with the pain being the same as before the injections. The injured worker's diagnoses included, lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbosacral neuritis and radiculitis, lumbar facet syndrome/hypertrophy, anterolisthesis of T11 over T12, anterolisthesis of the L5 over S1, pars interarticularis fracture at L5, neural foraminal narrowing at L5-S1 and malacia. The injured worker's medication regimen included Advil, Tylenol, Flexeril, Ibuprofen and gabapentin. The Request for Authorization for therapeutic lumbar epidural steroid injection L4-L5 and L5-S1 was submitted on 05/30/2014. The rationale for the request was not provided within the documentation that was reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Lumbar Epidural Steroid Injection L4-L5 and L5-S1: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for treatment of radicular pain. Criteria for the use of epidural steroid injections include: radiculopathy, must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment. Epidural steroid injections should be performed under fluoroscopy. If used for diagnostic purposes, maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, a repeat block should be used based on continued objective document pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. According to the clinical documentation provided for review the injured worker underwent epidural steroid injections on 01/30/2014 and repeated on 03/25/2014. The physician indicated the injured worker experienced no change in level of pain before and after the procedure, the procedure did not help to restore ability to function to the low back or reduce the patient's leg pain, and did not improve her ability to perform the activities of daily living. The guidelines recommend there should be objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication. In addition the guidelines state injections should be performed using fluoroscopy. The request as submitted failed to provide the use of fluoroscopy with the injection. In addition, the clinical information provided for review indicates the injured worker did not have any benefit from previous epidural steroid injections. Therefore, the request for therapeutic lumbar epidural steroid injections L4-L5 and L5-S1 is not medically necessary.