

<b>Case Number:</b>	CM14-0086139		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/22/2014
<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 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:

The patient is a 51-year-old male who has submitted a claim for chronic low back pain with radicular symptoms to right lower extremity in the direction of L4-5 and lumbar sprain/strain associated with an industrial injury date of 07/11/2013. Medical records from 10/08/2013 to 08/04/2014 were reviewed and showed that patient complained of low back pain radiating down the right lower extremity. Physical examination revealed tenderness over lumbar spinous processes, interspinous ligaments, bilateral Posterior Superior Iliac Spine (PSIS), and bilateral sacroiliac joints. Pain was noted with lumbar extension. Decreased sensation along right L4 and L5 dermatomal distribution was noted. Deep Tendon Reflexes (DTRs) were 2+ throughout the lower extremities. Positive SLR test on the right side at 45 degrees was documented. MRI of the lumbar spine dated 02/03/2014 revealed L4-5 disc bulge with mild bilateral foraminal narrowing. Treatment to date has included physical therapy, Norco, and Tizanidine. Utilization review dated 05/22/2014 modified the request for lumbar epidural steroid injection at level of L4-5 x 2 to lumbar epidural steroid injection at level of L4-5 x 1 because guidelines require documented benefit before authorizing a series.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESIs. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research recommends no more than 2 ESI injections. In this case, the patient complained of low back pain radiating down right lower extremity. Physical exam findings include hypesthesia along right L4 and L5 dermatomal distribution, normoreflexia, and positive SLR test. MRI of the lumbar spine was done on 02/03/2014 with results of L4-5 disc bulge with mild bilateral foraminal narrowing. Hence, radiculopathy was not corroborated by imaging studies. The request likewise failed to specify if the ESI will be done under fluoroscopic guidance which is recommended by guidelines. Of note, lumbar ESI x 1 was approved on the UR dated 05/22/2014. There was no documentation of functional outcome with previous ESI to support a repeat block per guidelines recommendation. There is no clear indication for lumbar ESI at this time. Therefore, the request for Lumbar Epidural Steroid Injection at L4-5 is not medically necessary.