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| <b>Case Number:</b>   | CM14-0089592 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 11/08/2006 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 05/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/13/2014 |

### 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 57 year old female with an 11/8/2006 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 4/28/14 noted subjective complaints of 5/10 lower back pain. Objective findings included paravertebral tenderness and muscle spasms. Motor exam showed 5/5 bilateral lower extremity strength. Sensory was intact from C2 to S2 bilaterally. DTRs equal and symmetric bilateral lower extremities. Lumbar MRI dated 2/15/13 showed bilateral mild neural foraminal narrowing at L4-L5. There was no significant spinal canal stenosis or nerve impingement. Diagnostic Impression: lumbar sprain, lumbosacral neuritis, lumbar radiculopathy. Treatment to Date: medication management, home exercise, physical therapy. A UR decision dated 5/29/14 denied the request for lumbar spine epidural L4-5 injection. There is no objective documentation of radicular pain on physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection at L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines, 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 neural foraminal narrowing on lumbar MRI, there are no corroborating physical exam findings to support radiculopathy. She was noted to have normal motor, sensory, and DTRs of the lower extremities. Therefore, the request for lumbar epidural injection at L4-5 is not medically necessary.