

<b>Case Number:</b>	CM14-0097954		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 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:

The injured worker is a 64-year-old male who reported an injury on 04/30/2013, who reportedly sustained injuries to his back and right leg. The injured worker treatment history included MRI studies, steroid injections, chiropractic treatment, acupuncture sessions, back brace, physical therapy sessions, x-rays, and medications. The injured worker was evaluated on 06/05/2014, and it was documented that the injured worker complained of low back and right leg pain, with primarily right sided hip pain that goes all the way down into the right leg and foot. He had weakness in the right hip and quadriceps area. The back pain and leg pain are quite problematic. He was unable to walk, and he was mobilizing with a walker. Physical examination: the provider noted he cannot ambulate without the walker given the severity of weakness in the right leg. Radiograph examination of the right hip on 04/07/2014 showed deformity, which may have been due to post-traumatic degeneration. It was possible avascular necrosis versus dysplasia. Additionally, lucency through the posterior wall of the right acetabulum may represent calcification ossicle and noted it was difficult to rule out a fracture, if there was history of a recent trauma. Diagnoses included chronic intractable right posterior buttock pain, lower back pain, radiating pain down the right leg, rule out lumbar instability stenosis, right hip pain worsened with internal rotation of the right hip, possible right hip etiology as a cause of right buttock pain, neurologic deficit right lower extremity with significant weakness in the tibialis anterior, but diffuse weakness throughout the right lower extremity, but tibialis anterior mostly notable at 4-/5, no signs or symptoms of spinal cord compression or cauda equina syndrome, history of diabetes and hypertension, chronic lower back pain and right leg pain, with 4.5 mm of anterolisthesis at L4-5, significant osteopenia and spondylosis noted throughout the spine. The Request for Authorization dated 06/04/2014 was for L4-5 epidural injection and L4-5 facet joint injection. However, the rationale was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for L4-5 epidural injections.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. Additionally, the provider indicated the injured worker receiving cervical epidural steroid injection however, there was no mentioned of functional improvement in activities of daily living or duration of improvement after receiving the injection. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for prospective L4-5 epidural steroid injections is not medically necessary.

**Prospective request for 1 L4-5 facet joint injections.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. In addition, the guidelines do not support a probable diagnosis of facet-mediated pain given radicular symptoms. Given the above, the request for prospective L4-5 facet injections is not medically necessary.

