

<b>Case Number:</b>	CM14-0187872		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	03/03/2004
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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:

This 62 year old male sustained an industrial related injury on 03/03/2004 while lifting a heavy object. The results of the injury included sharp low back pain which was noted to have been unsuccessfully treated with "conservative treatment". An initial MRI was noted to have been completed (unknown date) and showed L4-L5 and L5-S1 disc injury. The injured worker underwent a L5 hemilaminectomy with a L5-S1 microdiscectomy, a left L2 hemilaminectomy and a L2-L3 microdiscectomy with nerve exploration (date of surgery unknown). A post-operative MRI showed degenerative changes to the lumbosacral spine. A bone scan (unknown date) was reported to have shown increased uptake at the L3-L4 level and appeared to be associated with prominent bone spurs in the area. A repeat MRI of the lumbar was reported to show increased scaring at the L2-L3 and L4-L5 levels with no definite recurrent disc protrusion. Current subjective complaints include low back pain with bilateral radiculopathy (left greater than right) with new problems of burning in the perianal area. Pain severity was rated as severe and described as burning, aching, dull, sharp, stabbing and throbbing. Objective findings included: ambulates with stiffness; transfers with difficulty; forward flexed posture; tenderness of the lumbar paraspinals bilaterally; very limited range of motion; decreased motor strength of -4/5 bilaterally; normal sensation, absent reflexes at the left patella and ankle; and positive seated leg raise on the left. Current diagnoses include chronic low back pain and lumbar radiculopathy. The denied lumbar epidural steroid injection was requested for the treatment of low back pain. Treatments in place around the time the lumbar epidural steroid injection was requested included oral and topical analgesic medications, and home exercises. According to the PR-2, dated 10/06/2014, the injured worker's pain was noted to have increased since previous visits. There were no noted changes in functional deficits or activities of daily living. Work functions were unchanged as the injured worker's status remained permanent and stationary. Dependency on

medical care was unchanged. On 10/21/2014, Utilization Review non-certified a request for a lumbar epidural steroid injection (unspecified level and laterality) which was requested on 10/06/2014. The lumbar epidural steroid injection was non-certified based on insufficient documentation of failed conservative treatments; lack of evidence of at least 50% improvement in symptoms with medication reduction after previous steroid injection; and insufficient diagnostic testing to corroborate radiculopathy. The MTUS guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of lumbar epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LUMBAR EPIDURAL STEROID INJECTION (UNSPECIFIED LEVEL & LATERALITY): 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 (ESIs) Page(s): 46.

**Decision rationale:** This 62 year old male sustained an industrial related injury on 03/03/2004 while lifting a heavy object. Current diagnoses include chronic low back pain and lumbar radiculopathy. The injured worker underwent a L5 hemilaminectomy with a L5-S1 microdiscectomy, a left L2 hemilaminectomy and a L2-L3 microdiscectomy with nerve exploration (date of surgery unknown). A bone scan (unknown date) was reported to have shown increased uptake at the L3-L4 level and appeared to be associated with prominent bone spurs in the area. A repeat MRI of the lumbar (undated) was reported to show increased scarring at the L2-L3 and L4-L5 levels with no definite recurrent disc protrusion. PR-2, dated 10/06/2014, the injured worker's pain was noted to have increased since previous visits. There were no noted changes in functional deficits or activities of daily living. Work functions were unchanged as the injured worker's status remained permanent and stationary. Dependency on medical care was unchanged. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in

terms of increased rehabilitation status or activities of daily living for this 2004 injury. Criteria for repeating the epidurals have not been met or established. Request has no specified side or level for planned injection. The Lumbar Epidural Steroid Injection (Unspecified Level & Laterality) is not medically necessary and appropriate.