

<b>Case Number:</b>	CM14-0198001		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 35-year-old male who has submitted a claim for spinal stenosis of the lumbar spine without neurologic claudication, lumbosacral sprain and strain without myelopathy, and lumbosacral spondylosis associated with an industrial injury date of May 4, 2014. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities. Physical examination of the lumbar spine showed paraspinal tenderness with stable range of motion. Full strength and sensation of bilateral lower extremities were noted. Treatment to date has included acupuncture, right ankle surgery, physical therapy, and medications. The utilization review from November 13, 2014 denied the request for lumbar epidural injection at L4 to L5 times 3 because of lack of MRI or electrodiagnostic results corroborating radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-L5, quantity 3:** Upheld

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

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the patient complained of low back pain radiating to bilateral lower extremities. Physical examination showed paralumbar tenderness, normal range of motion, normal strength, and normal sensation of bilateral lower extremities. Symptoms persisted despite acupuncture, physical therapy and medications hence the request for epidural steroid injection. However, clinical manifestations are not consistent with radiculopathy to warrant ESI. Moreover, there is no imaging or electrodiagnostic study available to establish the presence of nerve root impingement. Guideline criteria are not met. Therefore, the request for lumbar epidural steroid injection L4-L5, quantity 3 is not medically necessary.

**Three office visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complained of low back pain radiating to bilateral lower extremities. Physical examination showed paralumbar tenderness. The patient was last seen on November 5, 2014. The current treatment plan includes referral for epidural steroid injection. However, the request for steroid injection has been deemed not medically necessary. Moreover, there is no discussion why three office visits should be certified at this time. Therefore, the request for 3 office visits is not medically necessary.