

<b>Case Number:</b>	CM14-0198582		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/12/2014
<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 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 48 year old male who was injured on 7/18/2014 when loading large pallets of boxes on a conveyer belt and one fell forward and landed on him, causing him to fall backwards. He sustained low back pain and was diagnosed with lumbosacral sprain/strain with questionable discogenic component and low back spasms. The injured worker has a history of non-insulin diabetes for 17 years which now requires insulin (as of 4 months prior to injury). He also has a history of hypertension and chronic foot pain. The injured worker was seen by psychiatry/occupational medicine every two weeks. Initial examination showed limited range of motion, slow rising from a chair and low back tenderness. Movement and activity was affected with standing and walking aggravating his back. Physical therapy was ordered and was reportedly mildly helpful but not lasting after the first 6 sessions. The injured worker returned to work with light duty immediately. The continued examinations by occupational physician showed poor progress and largely unchanged examinations. On 9/19/2014, the physician ordered continued physical therapy x 8 sessions. Medications included Hydrocodone and Ibuprofen which were changed to Percocet, Robaxin and Naproxen Sodium. An MRI completed 10/23/2014 indicated mild facet degeneration demonstrated at the lower lumbar levels, small broad based posterior disc protrusion at L4-5 with mild effacement of the anterior aspect of the thecal sac, and mild facet degeneration demonstrated at the lower lumbar levels. The Utilization review dated 11/12/2014 non-certified L4-L5 lumbar epidural injection under fluoroscopy. The Utilization Review indicated that per MTUS guidelines, patients beings considered for epidural steroid injections should have radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It further explained that physical examination showed intact sensation not consistent with lumbar radiculopathy. The UR indicated that moreover, there was no documented foraminal encroachment, lateral recess

compromise or central canal stenosis on the recent imaging results. Therefore, medical necessity of the request was not established.

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

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

### **1 L4-L5 Lumbar epidural injection under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain/strain with questionable discogenic component and low back spasms. In addition, given documentation of objective (decreased strength in the plantar flexors) findings, there is documentation of objective (motor changes) radicular findings in the requested nerve root distribution. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities); and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective (low back pain) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings to the requested nerve root distributions. In addition, despite documentation of imaging findings (MRI of lumbar spine identifying mild facet degeneration demonstrated at the lower lumbar levels, small broad based posterior disc protrusion at L4-5 with mild effacement of the anterior aspect of the thecal sac, and mild facet degeneration demonstrated at the lower lumbar levels), there is no documentation of imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for 1 L4-L5 lumbar epidural injection under fluoroscopy is not medically necessary.