

<b>Case Number:</b>	CM14-0203826		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 is a 54-year-old male with a work-related injury dated September 19, 2013. Diagnoses include lumbar intervertebral disc displacement without myelopathy. Treatment history included physical therapy, a corset for support and pain medications. The documentation of the physician's visit dated October 28, 2014 the worker was complaining of intermittent moderate to severe pain to the lower back with intermittent numbness down the legs. Pain was reported as increased. Physical exam was remarkable for appearing in moderate distress, posture with leaning to the right. Range of motion was remarkable for flexion 45 degrees and extension 30 degrees. Strength was within normal limits. A magnetic resonance imaging revealed desiccation and degeneration of the L3-L4 disk with a very mild what appears to be degenerative spondylosis. There was also increased signal intensity in the superior L4 vertebral body mostly around the end plate suggesting trauma and inflammation. Diagnosis for this visit was lumbar disc disorder with myelopathy. Work restrictions included no lifting over 20 pounds, no ladder or stair climbing and no bending or stooping. Treatment plan included a request for an L3-L4 epidural with some facet injections to try to manage pain. The utilization review determination dated November 18, 2014 non-covered the request for a lumbar epidural injection to include a facet injection L3-L4. The rationale for non-coverage was based on the CA MTUS guidelines for epidural steroid injections. Per the guidelines, a physical exam is needed with findings consistent with radiculopathy, corroboration of radiculopathy by imaging or electro diagnostic testing and a failed trial of conservative treatments including physical therapy. The documentation reviewed for this decision did not include details of physical therapy and response to physical therapy. There was also no documented evidence of radiculopathy on physical exam. The request was therefore non-certified as not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar epidural injection to include facet injection L3-L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009 Official Disability Guidelines (ODG)- Low back- Lumbar and Thoracic

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

**Decision rationale:** This is a 54-year-old male with a work-related injury dated September 19, 2013. Diagnoses include lumbar intervertebral disc displacement without myelopathy. Treatment history included physical therapy, a corset for support and pain medications. The documentation of the physician's visit dated October 28, 2014 the worker was complaining of intermittent moderate to severe pain to the lower back with intermittent numbness down the legs. Pain was reported as increased. Physical exam was remarkable for appearing in moderate distress, posture with leaning to the right. Range of motion was remarkable for flexion 45 degrees and extension 30 degrees. Strength was within normal limits. A magnetic resonance imaging revealed desiccation and degeneration of the L3-L4 disk with a very mild what appears to be degenerative spondylosis. 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 provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for 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 epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Additionally, per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar epidural injection to include facet injection L3-L4 is not medically necessary and appropriate.