

<b>Case Number:</b>	CM14-0205662		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 71 year old male with an injury date of 07/09/09. Based on the 11/20/14 progress report provided by treating physician, the patient complains of lower back pain (unrated) and discomfort. Patient is status post unspecified industrial injury, has had one lumbar ESI at an unspecified level and date, which according to 06/26/14 progress report "did provide him with some symptomatic relief. Physical examination findings were not included with the progress note outside of the lack of neurological symptoms in all extremities. The patient's current medications are not specified in the most recent progress note, although progress note 06/05/14 indicates that the patient has been taking Percocet, Synthroid, Tenormin, Welbutrin, and Allopurinol - and there is no indication that there have been any changes to the regimen. Patient is temporarily totally disabled. Diagnostic imaging included lumbar MRI dated 12/24/11, significant findings include: "L4-L5 broad slight more left nuclear protrusion elevates the thecal sac, slightly narrows the left L5 recess entrance right annular fissure. Left sub-articular bulge with facet hypertrophy. Mild left foraminal narrowing. Facet arthrosis and slight anterolisthesis."Diagnosis 11/20/14- Cervical osteoarthritis - Lower back pain with L5 radiculopathy secondary to L4-L5 disc extrusion with a focal impression upon the L5 spinal nerve root. The utilization review determination being challenged is dated 12/04/14. Treatment reports were provided from 05/27/14 to 11/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar epidural steroid injection #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines states that an ESI Page(s): 46, 47.

**Decision rationale:** The patient presents with lower back pain (unrated) and discomfort. The request is for LUMBAR EPIDURAL STEROID INJECTION #1. Physical examination findings were not included with the progress note outside of the lack of neurological symptoms in all extremities. The patient's current medications are not specified in the most recent progress note, although progress note 06/05/14 indicates that the patient has been taking Percocet, Synthroid, Tenormin, Welbutrin, and Allopurinol - and there is no indication that there have been any changes to the regimen. Patient is temporarily totally disabled. Diagnostic imaging included lumbar MRI dated 12/24/11. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year." In this case, the treater is requesting a repeat lumbar ESI for this patient's intractable lower back pain. MRI findings indicate significant disk protrusion and associated stenosis, for which a lumbar ESI might provide relief. However, the treater does not document any radiculopathic symptoms in this patient, only notes "no neurological deficits to the upper and lower extremities." and provides a diagnosis of L5 radiculopathy, without including any examination findings which establish this diagnosis. Such vague documentation does not satisfy MTUS requirements, which dictate that the patient must have documented radiculopathy AND corroborative imaging in order to meet criteria for an ESI. There is no discussion as to how the patient responded to prior injection either. Therefore, this request IS NOT medically necessary.