

<b>Case Number:</b>	CM14-0206299		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	02/01/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/14/2014
<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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in New Jersey. 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 worker is a 48-year old male who was injured on 2/1/2014 twisting his right leg while walking. He was diagnosed with hip/thigh sprain/strain, ankle/foot sprain/strain, lumbago, and right lumbosacral neuritis. MRI of the lumbar spine from 5/29/2014 showed disc bulge at L4-5 with facet hypertrophy and mild central canal narrowing as well as mild to moderate bilateral neural foraminal narrowing. He was treated with cold/heat packs, medications, physical therapy, and work restrictions. There is an operative report from 8/8/14 which described L4-5 and L5-S1 transforaminal epidural steroid injections lumbar epidural injections. The worker was seen on 11/3/14 by his pain management physician and reported continual low back pain with radiation to his right leg around the hip and sometimes anterior thigh/groin area and travels to foot/heel all rated at 7.5/10 on the pain scale. Physical examination revealed normal gait on toes or heels. Tenderness of the right lumbar paravertebral muscles and right buttocks, positive straight leg raise test on right, and normal sensation, normal reflexes, and normal strength testing of the lower extremities. He was then recommended Neurontin and an L4-5 right epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar (lower back) epidural steroid injection #2 at right L4-5 as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections Page(s): 46.

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

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, 2. initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), and 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. 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, and 8. Current research does not support a series-of-three" injections in either the diagnostic or therapeutic phase and instead only up to 2 injections are recommended. In the case of this worker, he had received an epidural injection at the L4-5 level a few months prior to this request, however, there was no follow-up on how the worker responded to this injection found in the documentation available for review, which is required before considering another epidural injection of the same level. Also, at the time of the request, there was insufficient objective evidence of lumbar radiculopathy as found on physical examination (normal sensory/strength/reflexes). Therefore, considering the above reasons, the L4-5 steroid epidural injection is not medically necessary at this time.