

<b>Case Number:</b>	CM14-0209806		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/14/1999
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 66 year old male patient with date of injury 7/14/99. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain since the date of injury. He has been treated with lumbar fusion surgery, physical therapy, steroid injection and medications. CT of the lumbar spine performed in 07/2014 revealed postoperative changes consisting of fusion at L3-4 and L5-S1 as well as mild to moderate canal stenosis at L2-3. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar spine musculature. Diagnoses: lumbar post laminectomy syndrome, low back pain. Treatment plan and request: lumbar epidural steroid injection, lumbar facet joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbar Epidural Steroid Injection: 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 Injections Page(s): 46.

**Decision rationale:** Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the above MTUS guidelines and available provider documentation, lumbar epidural steroid injection is not indicated as medically necessary.

**1 Lumbar Facet Joint Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 301.

**Decision rationale:** Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, lumbar facet joint injection is not indicated as medically necessary.