

<b>Case Number:</b>	CM15-0002673		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 39 year old male, who sustained an industrial injury on January 8, 2014. He has reported a thoracic and lumbar spine injury. The diagnoses have included myofascial pain syndrome, lumbar disc displacement, lumbar radiculopathy, lumbar sprain/strain, and thoracic sprain/strain. Comorbid conditions include obesity (BMI 42). Treatment to date has included non-steroidal anti-inflammatory and muscle relaxant medications, diagnostic studies, and modified work duties. The medical records refer to injured worker being treated with acupuncture for two weeks, which provided temporary benefit, and to courses of physical therapy and chiropractic therapy without specific dates or results. On June 5, 2014, a magnetic resonance imaging of the lumbar spine revealed degenerative changes with superimposed multilevel annular tears, no canal stenosis, and minimal neural foraminal narrowing at L3-L4, and L4-L5, and L5--S1. There were mild fibrolipomatous changes of the filum terminale without cord tethering, and acute reactive changes within the L4-L5 posterior elements with pars interarticularis defect. Currently, the injured worker complains of continued pain and discomfort. The physical exam revealed tenderness to palpation with myofascial tightness of the lumbar spine and lumbosacral area. There was painful, moderately decreased range of motion of the lumbar spine. The right straight leg raise was positive, deep tendon reflexes were equal bilaterally, and musculoskeletal strength was equal in the bilateral lower extremities. The treatment plan included continuing the current non-steroidal anti-inflammatory and muscle relaxant medications and an EMG (electromyography)/NCS (nerve conduction study) to confirm or rule out lumbosacral radiculopathy or peripheral neuropathy. On December 18, 2014

Utilization Review non-certified a request for a L5/S1 epidural steroid injection, noting the lack of documentation of evidence of lumbar neuropathy on the physical exam with corroboration on the magnetic resonance imaging. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain was cited.

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

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

#### **L5-S1 Epidural Steroid Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, pages 288, 309-10, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 39-40, 46.

**Decision rationale:** The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities which will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. In the documented care for this patient these criteria are not met. Even though the history is compatible with a possible radiculopathy, this is not supported by the exam, which is non-specific for a radiculopathy. Additionally, the degenerative changes in the lumbar spine noted on the lumbar MRI are non-specific and do not describe nerve impingement. In the absence of other documentation of radiculopathy, such as an electromyogram or nerve conduction velocity (EMG/NCV) study, the patient does not meet the criteria for this requested therapy. Medical necessity for this procedure has not been established.