

<b>Case Number:</b>	CM15-0160878		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 33 year old male, who sustained an industrial-work injury to the right shoulder and back on 5-5-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar discogenic myofascial pain, lumbar disc protrusion with annular tear, bilateral lower extremities radicular syndrome and gait and stance dysfunction. Medical records dated (3-16-15 to 7-27-15) indicate that the injured worker complains of pain in the back that goes down the bilateral buttocks areas and bilateral legs. The pain is rated 5-7 out of 10 on pain scale and has been unchanged from previous visits. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 7-27-15 the employee may return to modified work with limitations. Treatment to date has included pain medication, diagnostics, off of work, physical therapy at least 17 visits, and acupuncture at least 8 sessions, massage, infrared, Functional Restoration Program and other modalities. The physical exam dated from (3-16-15 to 7-27-15) reveals that the lumbar spine has decreased lordosis and standing on tip toes and heels is difficult due to back pain. The lumbar range of motion is restricted with 50 percent of flexion, extension 25 percent, lateral bending and rotation 75 percent. The straight leg raise is positive with pain that radiates down the L5 distribution bilaterally, left more than the right. Per the medical record dated 7-27-15 the physician notes that the injured worker remains symptomatic and at this time, it seems that he has reached a plateau with conservative treatment. The original Utilization review dated 8-10-15 denied a request for Bilateral L5 epidural cortisone injection as the guidelines recommend the use of epidural steroid injection (ESI) in conjunction with other rehab efforts and the

documentation does not show evidence of a plan to engage in exercise, a current home exercise program (HEP) or physical therapy treatment.

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

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

### **Bilateral L5 epidural cortisone injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral L5 epidural cortisone injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic lumbar discogenic myofascial pain; disc protrusion with annular tear at L5 - S1; disc protrusion L4 - L5; and bilateral lower extremity radicular syndrome. Date of injury is May 5, 2014. Request for authorization is August 4, 2015. According to a progress note dated March 4, 2015, the injured worker had a medial branch blocks performed. The most recent progress note dated July 28, 2015 subjectively states injured worker has back pain that radiates to the buttocks and legs with a pain score 6/10. Objectively, there is decreased range of motion with tenderness palpation over the paraspinal muscle groups. Hip range of motion is normal. Neurologically, sensory examination is normal and motor examination is normal. Straight leg raising is positive. There is no objective evidence of radiculopathy on physical examination. The injured worker completed six out of eight physical therapy sessions. The documentation does not demonstrate objective functional improvement or non-improvement as a result of completing the eight physical therapy sessions. The treating provider was approved for eight acupuncture sessions. As a result, there is no documentation of failed conservative treatment. An MRI of the lumbar spine was performed (according to the utilization review) June 24, 2014 and showed a broad base disk bulge at L4 - L5 and a linear focus of increased T2 signal consistent with an annular fissure. There is a disk herniation at L5 - S1. There is no hard copy of the MRI in the medical record. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of failed conservative therapy (complete course of physical therapy and acupuncture) and no clear-cut objective evidence of radiculopathy on physical examination, bilateral L5 epidural cortisone injection is not medically necessary.