

<b>Case Number:</b>	CM15-0161126		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/16/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/23/2015
<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

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 injured worker (IW) is a 54-year-old male who sustained an industrial injury on 11/16/2014. He reported feeling a pulling sensation in the neck while lifting a large mat. The injured worker was diagnosed as having: Myofascial pain syndrome. Lumbar radiculitis. Sprain and strain, lumbar. Possible disc displacement, Lumbar. Treatment to date has included medications, physical therapy, and acupuncture, with diagnostic MRI (04/01/2015), and electromyography (07/06/2015). Currently, the injured worker complains of constant low back pain described as sharp, stabbing with radiation to the hips bilaterally, and extending in the lower extremity to the level of the leg and calf bilaterally. The pain is rated as an 8 on a scale of 0-10. On physical examination, the lumbar range of motion was decreased, foot drop was negative, trigger points were noted, and straight leg raise examination was positive in the bilateral legs. The treatment plan of care was for electrodiagnostic studies of the lower extremities, acupuncture, and medications. A request for authorization was submitted for a Lumbar epidural steroid injection x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections.

**Decision rationale:** The patient presents with low back pain radiating to bilateral hips. The request is for lumbar epidural steroid injection x 1. Physical examination to the lumbar spine on 06/08/15 revealed trigger points and a decrease in range of motion. Straight leg raising test was positive bilaterally. Patient's treatments have included medication, EMG/NCV studies, image studies and acupuncture. Per 07/13/15 progress report, patient's diagnosis includes myofascial pain syndrome, possible disc displacement, lumbar, radiculopathy, lumbar, and sprain and strain, lumbar. Patient's medications, per 06/29/15 progress report include Naprosyn, Tramadol and Flexeril. Patient is temporarily partially disabled. The MTUS Guidelines, under Epidural Steroid Injections (ESIs), pages 46 and 47 has the following "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." The treater has not specifically discussed this request and no RFA was provided either. Review of the medical records provided does not indicate a prior lumbar epidural steroid injection. Physical examination to the lumbar spine on 06/08/15 revealed trigger points and a decrease in range of motion. Straight leg raising test was positive bilaterally. Per 02/24/15 progress report, the patient has back pain with radiation down his bilateral lower extremities. Physical examination findings show positive SLR but the reports provided do not mention any EMG or MRI findings corroborating radiculopathy. EMG was negative for radiculopathy and there is no discussion regarding any MRI findings that suggest nerve root lesion. MTUS guidelines support ESI's in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.