

<b>Case Number:</b>	CM15-0163212		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, Pain Management

### 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 54-year-old male, who sustained an industrial injury on 10-14-2008. The mechanism of injury was a fall. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar 3-4 breakdown with herniated nucleus pulposus, cervical 4-6 disc bulging, cervical 6-7 herniated nucleus pulposus and status post lumbar hardware removal. Cervical magnetic resonance imaging showed possible disc protrusion with cervical 5-6 loss of disc height. Treatment to date has included lumbar surgery, physical therapy, psychiatric care and medication management. The progress report dated June 18, 2015 identifies subjective complaints of low back pain rated as 6/10. Physical examinations reveal lumbar spasm with pain "L3-4 right-sided." Diagnoses include L3-4 herniated nucleus pulposus with history of L4-5 fusion the treatment plan recommends right-sided lumbar epidural steroid injection at L3-4 due to low back pain and lumbar radicular pain to the leg. The note indicates that the patient has failed conservative treatment with medications, physical therapy, and prolonged rest. An MRI of the lumbar spine dated May 9, 2015 shows L3-4 with compromise of the traversing nerve roots and encroachment on the foramina bilaterally. The treating physician is requesting right lumbar 3-4 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-4 epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy specifically at the proposed level of treatment. The note indicates that there is "pain L3-4 right-sided." However, it is unclear if this is talking about pain around the spinous processes of the back, paraspinal areas, or pain in a particular dermatomal distribution. Additionally, there are no subjective complaints of radiating leg pain in an dermatome, which would be consistent with L3-4 issues. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.