

<b>Case Number:</b>	CM15-0189400		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 is a 65-year-old male, who sustained an industrial injury on 12-10-07. The documentation on 8-19-15 noted that the injured worker has complaints of back pain radiating from low back down left leg. The injured worker reports that in addition to increased pain in feet and lower back he is having new sensation in right foot that feels like he is stepping in water and that the pain on his right lower back radiates down his thigh. The injured worker rates his pain with medications as 6.5 on a scale of 1 to 10 and without medications, he rates his pain a 10. Lumbar spine examination revealed loss of normal lordosis with straightening of the lumbar spine and range of motion is restricted with extension limited to 18 degrees, right lateral being limited to 13 degrees and left lateral bending limited to 18 degrees but normal flexion. On palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides and lumbar facet loading is positive on both sides. Straight leg raising test is negative. Hip examination revealed tenderness in noted over the trochanter in both. The diagnoses have included backache not otherwise specified and lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injection on 2-9-15 with feeling 85 percent better, having less pain, taking less pain medication and able to move more freely; physical therapy and chiropractic sessions. The documentation noted current medications to be ultram; aspirin; niaspan; omeprazole and simvastatin. Lumbar spine magnetic resonance imaging (MRI) on 6-24-15 showed significant central stenosis, impingement on nerve root. Electromyography and nerve conduction study of bilateral lower extremity showed mild, chronic right S1 (sacroiliac) radiculopathy. Right foot X-ray on 6-4-15 showed plantar spur. The original utilization review (9-2-15) non-certified the request for one lumbar epidural injection at L5-S1 (sacroiliac).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One lumbar epidural injection at L5-S1: 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 rationale:** The current request is for ONE LUMBAR EPIDURAL INJECTION AT L5-S1. The RFA is dated 08/19/15. Treatment history includes included lumbar epidural steroid injection, medications, physical therapy, and chiropractic sessions. MTUS, page 46, Epidural steroid injections (ESIs) Section states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" 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." Per report 08/19/15, the patient presents with lower back pain, radiating from low back down left leg. Lumbar spine examination revealed loss of normal lordosis with straightening of the lumbar spine and restricted range of motion. There is hypertonicity, spasm and tenderness noted on both the sides, with positive facet loading test and negative straight leg raising test. The treater reviewed an MRI from 06/24/15, and noted "significant central stenosis, impingement on nerve root." The levels were not specified. The actual MRI report was not provided for this review. The treater states that the underwent a lumbar epidural steroid injection on 08/09/15, and reported feeling 85% better, having less pain, and taking less pain medication. A repeat injection was requested. In this case, examination findings do not show radiculopathy with any weakness or sensory changes. In fact, SLR was noted to be negative. While the patient has radicular symptoms with an MRI showing spinal stenosis, given negative exam findings, an ESI would not be supported per MTUS. The request IS NOT medically necessary.