

<b>Case Number:</b>	CM15-0201055		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35-year-old male with a date of industrial injury 8-13-2011. The medical records indicated the injured worker (IW) was treated for herniated disc of the lumbar spine at L4-5 and L5-S1 (3 mm at each level). In the notes (7-7-15), the IW reported pain and discomfort in the low back. The 5-14-15 notes the IW reported lower back pain radiating to the abdomen, left groin, and the bilateral lower extremities, greater on the right. On examination (7-7-15 notes), range of motion of the lumbar spine was 20 degrees in flexion, extension and bilateral lateral rotation and bending. There were "no new motor or sensory deficits". According to the 5-14-15 exam, tenderness, spasms and trigger points were present in the lower back, buttocks and piriformis, bilaterally, sensation was diminished over the right L4 through S1 distributions and straight leg raise was positive bilaterally. Treatments included facet joint injections at L4-5 and L5-S1 on the right (3-18-15); epidural steroid injections (1-2015), which reduced back pain by 65% and lower extremity radicular pain by 80% and lasted until 5-2015; acupuncture, physical therapy and discectomy (2013). MRI of the lumbar spine on 1-26-15 showed multilevel degenerative changes, most notably at L5-S1, with a lateral bulge contacting the right L5 nerve root. The IW was temporarily totally disabled. A Request for Authorization dated 9-5-15 was received for a lumbar epidural steroid injection and a cold unit rental for 7 days for the lumbar spine. The Utilization Review on 9-17-15 non-certified the request for a lumbar epidural steroid injection and a cold unit rental for 7 days for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection lumbar and/or sacral: Upheld**

**Claims Administrator 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 Chapter, Neck and Upper Back, ASIPP Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the exam notes cited do not demonstrate a failure of conservative management or a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the request is not medically necessary.

**Cold unit rental 7 days lumbar and/or sacral: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, cold/heat packs.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. Therefore, the request is not medically necessary.

