

<b>Case Number:</b>	CM15-0020396		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 45 year old male who sustained an industrial injury from a slip and fall backward down steps landing on his back. He has significant history of prior fall in 2011 with neck and low back pain and feels that he never fully recovered. Currently he is experiencing low back pain at level 5/10 with numbness, tingling down left thigh to knee. Medications include Robaxin, Tramadol. Diagnosis is lumbar strain/ contusion, rule out radiculopathy; degenerative disc disease, lumbar spine; lumbar stenosis with large facet cyst at L3-4 causing compression of the nerve root; persistent lumbago. Treatments to date include medications, rest which has not helped. Diagnostics include lumbar MRI (12/12/14) revealing spinal canal stenosis and small protrusion. In the progress note dated 1/5/15 the treating provider requested lumbar epidural and facet injections of L3-4 and L4-5 bilaterally, physical therapy. On 1/8/15 Utilization Review non-certified the requests for lumbar epidural steroid injection at L4-5 bilaterally and facet injection at L3-4, L4-5 bilaterally citing MTUS: Chronic Pain Medical Treatment Guidelines: Epidural Steroid Injections and ODH: Lumbar Facet Injections respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-5 Bilaterally: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** This 45 year old male has complained of low back pain since date of injury 11/17/14. He has been treated with medications. The current request is for epidural steroid injection L4-5 bilaterally. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a ?series-of-three? injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, there is inadequate documentation of radiculopathy by physical examination that is corroborated by imaging and/or electrodiagnostic testing. On the basis of the above MTUS guidelines and available provider documentation, lumbar epidural steroid injection at L4-5 bilaterally is not indicated as medically necessary.

**Facet Injections L3-4, L4-5 Bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ([http://www.odgtwc.com/odgtwc/low\\_back.htm](http://www.odgtwc.com/odgtwc/low_back.htm))

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This 45 year old male has complained of low back pain since date of injury 11/17/14. He has been treated with medications. The current request is for facet injections L3-4, L4-5 bilaterally. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, facet injections L3-4, L4-5 bilaterally is not indicated as medically necessary.

