

<b>Case Number:</b>	CM15-0042037		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 was a 48 year old male, who sustained an industrial injury, April 6, 2013. The injured worker previously received the following treatments Norco, cervical; and lumbar epidural injection, physical therapy, MRI of the lumbar spine on December 22, 2014 and lumbar steroid injection September 5, 2014. The injured worker was diagnosed with cervical, thoracic and lumbar spine strain, cervical radicular syndrome, cervical joint degeneration disc disease of C5-C6, bilateral carpal tunnel syndrome, degenerative joint degeneration lumbar disc disease with grade 1 spondylolisthesis of L5-S1, lumbar radiculopathy and low back pain. According to progress note of December 9, 2014, the injured worker had cervical and lumbar injections with no major improvement. Physical therapy also, had no change in symptoms for the injured worker. On September 5, 2014, the injured worker had an epidural lumbar steroid injection and second was requested on October 30, 2014. On January 7, 2015, the injured workers chief complaint was increased lumbar spine discomfort, due to the cold weather. The physical exam of the cervical spine, noted tenderness of the upper, mid and lower paravertebral and trapezius muscle muscles with moderate decrease range of motion. The thoracic spine noted tenderness of the thoracic paravertebral upper, mid and lower muscles with limitation of motion. The lumbar spine had tenderness with palpation over the upper, mdi and lower paravertebral muscles, with decreased range of motion. The treatment plan included an injection of the lumbar spine/sacral that was requested October 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection under anesthesia with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** Based on the 1/29/15 progress report provided by the treating physician, this patient presents with increased discomfort of the lumbar spine due to the colder weather. The treater has asked for lumbar epidural steroid injection under anesthesia with fluoroscopy on 1/29/15. The requesting progress report dated 1/29/15 further specifies it as a repeat injection. The request for authorization was not included in provided reports. The patient is s/p a prior epidural steroid injection on 10/3/14 with 50% pain relief but pain is still shooting down to his right leg per 10/7/14 report. The patient's current medications include Norco. The patient is capable of modified work, but is currently considered temporarily totally disabled. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. A lumbar MRI dated 12/22/14 showed "no significant change in 6mm of anterolisthesis of L5 on S1 with associated pars defects and severe bilateral neural foraminal stenosis with concern for impingement of bilateral L5 exiting nerve roots. Small bilateral neural foraminal zone annular fissures." The patient has chronic low back pain with radiation down his right leg. A physical exam on 1/29/15 showed decreased sensation in the bilateral L5 distribution. In this case, the patient had a prior epidural steroid injection with 50% relief but no reduction in medication usage, functional improvement. The duration of relief appears to have been short-lived as well. A repeat injection would not be indicated given the lack of 50% or more reduction of pain lasting at least 6-8 weeks, along with functional improvement with the prior injection. The request is not medically necessary.