

<b>Case Number:</b>	CM15-0045160		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Hawaii

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 36-year-old male, who sustained an industrial injury on November 5, 2013. The injured worker was diagnosed as having low back pain, sciatica, and radiculopathy. Treatment to date has included lumbar spine MRI, lumbar spine CT, lumbar spine x-ray, and medication. Currently, the injured worker complains of left leg and buttock pain, with low back pain. The Treating Physician's report dated February 10, 2015, noted the injured worker continued to work as a police officer, working with chronic low back pain. The Physician suggested a series of epidural blocks at L4-L5 with the hope of relieving his pain. Physical therapy was also recommended. A lumbar spine MRI dated November 6, 2014, revealed a L2-L3 mild right lateral/intraforaminal disc protrusion and minimal left lateral/intraforaminal disc protrusion without neural compression, L3-L4 minimal disc bulge without significant stenosis, L4-L5 mild disc bulge without significant stenosis, and L5-S1 mild disc bulge without significant stenosis. A lumbar spine x-ray on November 6, 2014, was noted to show mild degeneration spondylosis of the lumbar spine at L4-L5 and L5-S1, with mild dextrosciosis of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 L4-5 Epidural Blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** The patient presents with pain affecting the low back, left leg and buttock. The current request is for Series of 3 L4-5 Epidural Blocks. There were no medical progress reports provided for review. The treating physician's letter to the adjuster dated 2/10/15(5B) states, "He has pain in his lower back but the pain in his legs is slightly better". My suggestion is again that he has a series of epidural blocks at L4-5 with the hope of relieving his pain. MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. An MRI dated 11/6/14 (34C) shows there is mild disc bulge without significant stenosis at L4-5. In this case, there were no progress reports provided for review and even though a letter written by the treating physician on 12/5/14 notes that the patient experiences numbness in his left lower extremity, an MRI shows only mild disc bulge at L4-5. Furthermore, the current request for a series of 3 injections exceeds the 2 injections recommended by the MTUS guidelines on page 46. Recommendation is for denial.