

<b>Case Number:</b>	CM15-0089628		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/30/1997
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 46 year old male, who sustained an industrial injury on 9/30/97. The injured worker was diagnosed as having lumbar degenerative disc disease, low back pain and arthropathy. Treatment to date has included lumbar fusion, oral medications including Soma and physical therapy. (CT) computerized tomography scan of lumbar spine performed on 1/12/15 revealed status post anterior interbody fusion of L4-S1 with evidence of solid bony union. The 10/14/14 lumbar MRI revealed no disc protrusions, significant foraminal or central canal narrowing. Currently, the injured worker complains of acute back pain with radiation down the right buttocks unchanged from previous visit. The injured worker states he is not receiving enough pain relief from Soma. Physical exam noted an unremarkable exam. A request for authorization was submitted for lumbar epidural steroid injection, lumbar facet block, second level facet block, C-arm and x-ray interpretation and Methylprednisolone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections

Page(s): 46 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Lumbar epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The physical exam does not reveal findings of a clear radiculopathy in a dermatoma distribution. Additionally, the request does not specify a level or laterality. For these reasons, the request for lumbar epidural steroid injection is not medically necessary.

**Lumbar facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Facet joint diagnostic blocks (injections).

**Decision rationale:** Lumbar facet block is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The request does not specify a level or laterality and the documentation indicates that the patient has had a lumbar fusion. The guidelines do not support injections where there was a prior fusion. Without clear indication of location for this injection, the request cannot be certified as medically necessary.