

<b>Case Number:</b>	CM14-0116418		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/11/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient with a date of injury of August 11, 2008. A utilization review determination dated July 14, 2014 recommends noncertification of an epidural injection. Noncertification was recommended due to lack of documentation of the duration of relief from previous epidural injections as well as a lack of objective findings supporting radiculopathy. A progress report dated July 30, 2014 identifies subjective complaints of low back pain radiating to the right buttock, right anteroateral thigh, right anterolateral calf, and right foot. Additionally, pain radiates to the medial left thigh and medial left calf. The patient is maintaining 80% improvement of his right leg radicular pain since receiving the fluoroscopically guided right L4-L5, and right L5-S1 transforaminal epidural injection. The patient rates his pain at 8/10 on the visual analog scale to the left low back and left lower extremity. The physical examination identifies restricted range of motion in the lumbar spine with 4/5 strength in the left extensor hallucis longus, left tibialis anterior, and left gastrocnemius soleus muscles. Diagnoses include left L5 radiculopathy, severe bilateral L5 neuroforaminal stenosis, and severe left L4 neuroforaminal stenosis. The treatment plan recommends a left L4-L5 and L5-S1 transforaminal epidural injection. The note indicates that the patient has difficulty ambulating without a cane due to left lower extremity pain and weakness and sometimes falls due to weakness. The patient has failed physical therapy and exercise program. The risks and benefits of the procedure were explained to the patient. A progress report dated July 1, 2014 indicates that an MRI in 2009 showed protrusion of L4-L5 and L5-S1 with moderate to severe left-sided neuralforaminal narrowing at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Injection right L4-L5, L5-S1: 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 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs).

**Decision rationale:** Regarding the request for Epidural Injection right L4-L5, L5-S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are subjective complaints and objective findings supporting a diagnosis of lumbar radiculopathy. However, it is unclear how long the previous epidural injections have lasted. Furthermore, there is no documentation of objective functional improvement or reduction in medication use as a result of those injections. Additionally, it is unclear why unilateral injections are being sought when the patient reportedly has bilateral symptoms. In the absence of clarity regarding those issues, the currently requested Epidural Injection right L4-L5, L5-S1 is not medically necessary.