

<b>Case Number:</b>	CM14-0142132		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Interventional Spine 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:

The injured worker is a 60 year old male with an injury date of 05/21/13. Based on the 08/05/14 progress report, the injured worker presents with low back pain rated 9/10 that radiates to the left lower extremity. Physical examination to the lumbar spine revealed tenderness to palpation in left L3-S1 paravertebral area. Range of motion was decreased, especially on extension 0 degrees. Straight leg raise was positive on the left. Injured worker is taking Vicodin. Injured worker is status post transforaminal epidural steroid injection left L4-5 on 06/24/14, with less than 5% overall improvement. Treating physician requests authorization for ESI L4-5 "since injured worker has had considerable persistent pain with negative impact on function, and has failed conservative treatment. Injured worker is still within diagnostic phase and a second procedure is warranted based on MTUS."EMG/NCS 02/03/14- Abnormal EMG: left active L5 denervation (clinically radiculopathy) by electrodiagnostic criteriaMRI of Lumbar Spine 07/03/13-L4-L5: there is a broad-based disc osteophyte complex measuring a maximum of 3-4mm in AP diameter. There is mild to moderate bilateral recess and neural foraminal narrowing. Diagnosis 08/05/14- cervical strain/sprain- lumbar disc degeneration- lumbar radiculopathy- chronic pain, other Dr. [REDACTED] is requesting Left L4-5 lumbar epidural steroid injection using fluoroscopy. The utilization review determination being challenged is dated 08/19/14. The rationale is "clinical findings do not support medical necessity." [REDACTED] is the requesting provider, and he provided treatment reports from 06/30/14 - 08/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5 lumbar epidural steroid injection using fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs, Under Its Chronic Pain Section Page(s): Page 46,47.

**Decision rationale:** MTUS has the following regarding ESI's, under its chronic pain section: Page 46,47: "Criteria for the use of Epidural steroid injections: 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) 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. 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." Progress report dated 08/05/14 states that injured worker is "status post transforaminal epidural steroid injection left L4-5 on 06/24/14, with less than 5% overall improvement." Treating physician requests authorization for ESI L4-5 "since injured worker has had considerable persistent pain with negative impact on function, and has failed conservative treatment. Injured worker is still within diagnostic phase and a second procedure is warranted based on MTUS." However, MTUS states "a second block is not recommended if there is inadequate response to the first block." The request is not in line with criteria. The request for Left L4-5 lumbar epidural steroid injection using fluoroscopy is not medically necessary.