

<b>Case Number:</b>	CM14-0145238		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine, 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 49-year-old female with a 11/13/03 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/4/14, the patient reported acute exacerbation of her condition following excessive work-related activities. She complained of pain in her lower extremities. Objective findings: iliopsoas and quadriceps muscle group 4+/5 with associated sensory changes in the L2-3 and L3-4 dermatome bilaterally, positive tension signs with positive femoral stretch test. Diagnostic impression: lumbar strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/8/14 denied the request for ESI at L3-4. ESI would be indicated after a conservative program including physical therapy and medications. The patient would need to fail to improve with conservative care. Radiculopathy would need to be documented by a physical exam with imaging and EMG/NCV studies. These criteria are lacking in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural Steroid Injections L3-4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 46. Decision

based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the reports reviewed, there is no documentation suggestive that the patient has had an recent conservative treatments that have been ineffective. There is also no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. Therefore, the request for Epidural Steroid Injections L3-4 was not medically necessary.