

<b>Case Number:</b>	CM14-0147652		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/28/2006
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 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 patient is a 36-year-old female who has submitted a claim for desiccated discs with annular fissure and protrusion at L4-5 and L5-S1, right sacroiliitis, lumbar facet arthropathy, right worse than left, and right greater trochanteric bursitis with iliotibial band syndrome associated with an industrial injury date of 12/28/2006. Medical records from 10/15/2008 to 08/12/2014 were reviewed and showed that patient complained of low back pain graded 6/10 radiating down right lower extremity. Physical examination revealed tenderness over lumbosacral paraspinals and spinous processes, decreased ROM, positive Lasegue's and SLR tests on the right, hypesthesia along right L5-S1 dermatomal distribution, and intact DTRs of lower extremities. MMT of lower extremities was not documented. MRI of the lumbar spine dated 07/08/2014 revealed L4-5 disc bulge with annular tear, L5-S1 disc bulge, and L4 and L5 nerve root compromise. Treatment to date has included two lumbar ESIs (03/2011 and 11/17/2012), physical therapy, TENS, and heat/cold pack application. Of note, the patient had reported unquantified help for unspecified weeks with initial ESI done on 03/2011. The patient noted pain relief for 3 weeks with second lumbar ESI. There was no documentation of functional outcome from physical therapy, TENS, and heat/cold pack application. Utilization review dated 08/18/2014 denied the request for L4-5/L5-S1 ESI because lumbar radiculopathy was not supported by limited physical examinations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L4, L5, and S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; No more than two nerve root levels should be injected using transforaminal blocks; No more than one interlaminar level should be injected at one session; 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. In this case, patient complained of low back pain radiating down right lower extremity. Physical findings include positive Lasegue's and SLR tests on the right, hypesthesia along right L5-S1 dermatomal distribution, and intact DTRs of lower extremities. There was no documentation of MMT of lower extremities. The patient's clinical manifestations were inconsistent with a focal neurologic deficit to support presence of radiculopathy. MRI of the lumbar spine dated 07/08/2014 revealed L4 and L5 nerve root compromise. However, radiculopathy was not documented by both physical findings and imaging studies to support the need for ESI. Moreover, there was no documentation of functional outcome from previous treatments to suggest treatment failure. Furthermore, the patient had received 2 lumbar ESIs with unquantified pain relief for unquantified duration (initial ESI) and 3 weeks (second ESI). The guidelines recommend at least 50% pain relief sustained for 6 to 8 weeks prior to approval of repeat blocks. The request of ESI on right L4, L5, and S1 is not in conjunction with guidelines recommendation of no more than 2 levels of block at a session. Lastly, it is unclear if the requested ESI will be done under fluoroscopic guidance, which is part of guidelines requirement. Therefore, the request for Lumbar epidural steroid injection L4, L5, and S1 is not medically necessary.