

<b>Case Number:</b>	CM14-0152625		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal 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:

The patient is an injured worker with the diagnoses of lumbar degenerative disc disease and lumbar radiculopathy. Date of injury was 11-30-2000. Mechanism of injury was slip and fall. MRI magnetic resonance imaging scan of the lumbar spine performed on June 6, 2008 demonstrated that there was severe degenerative disc disease involving T11 thru L2 appearing most severe at L1-2 disc. There was a 4-5 mm encroachment of the right lateral recess and proximal right foramen at right L1-2. L3-4 showed some thickening of the ligament flavum and slight central canal stenosis. There was a 2-3 mm disc bulge diffusely. L4-5 showed some desiccation. The remainder of the intervertebral discs was seen to demonstrate no abnormalities. The central spinal canal was also normal. Agree medical examination report dated July 24, 2014 documented that X-rays of the lumbar spine show a left lumbar scoliosis with an apex to the curve at L2-3. There is a spina bifida at L5. There is no evidence spondylosis. There is disc space narrowing that is most marked at L1-2 with a vacuum phenomenon. Secondary treating physician's progress report dated 8/8/14 documented that the patient had three series of epidural injections, and none were helpful. The patient complained of low back pain. Objective findings included left neuropathy of the lower extremity to the foot. Diagnosis was lumbar radiculopathy. Lumbar epidural steroid injection was requested. Utilization review determination date was 9/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Knee & Leg (Acute & Chronic), updated 08/25/14.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3002, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. The treating physician's progress report dated 8/8/14 documented that the patient had three series of epidural injections in the past, and none were helpful. MTUS guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement. Per MTUS guidelines, no more than 2 epidural steroid injections are recommended. Medical records document that the patient had three series of epidural steroid injections in the past, which were not beneficial to the patient. Therefore, the request for repeat lumbar epidural steroid injections is not supported by the medical records and MTUS guidelines. Therefore, the request for Lumbar ESI is not medically necessary.