

<b>Case Number:</b>	CM14-0161472		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 26-year-old male injured worker with date of injury 11/8/13 with related low back pain, left knee pain. Per orthopedic consultation dated 8/22/14, the injured worker complained of low back pain radiating to the left leg, constant pain in the left knee and hip area. Per physical exam, tenderness to palpation was noted at the posterior spinous processes L4, L5, S1, and S2. The injured worker walked with an antalgic gait, had a limp in the left leg, and could not walk on the toes, heel, kneel or squat. MRI of the lumbar spine dated 12/19/13 revealed advanced degenerative features and protrusions L4-S1. Treatment to date has included physical therapy, trigger point injections, and medication management. The date of UR decision was 9/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** 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 Page(s): 46.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and

thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; 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; 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; 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; and current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. Guidelines recommend no more than 2 ESI injections. The documentation submitted for review does not contain physical exam findings of radiculopathy. The MRI findings documented did demonstrate findings consistent with radiculopathy. The documentation submitted does not include EMG/NCS. Above-mentioned citation states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, and furthermore, the request does not specify at what level the procedure is to be performed. Medical necessity is not affirmed.