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| <b>Case Number:</b>   | CM14-0166822 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 01/06/2014 |
| <b>Decision Date:</b> | 11/14/2014   | <b>UR Denial Date:</b>       | 10/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2014 |

### 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 Orthopedic Surgery 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:

According to the records made available for review, this is a 25-year-old female with a 1/6/14 date of injury. At the time (9/25/14) of request for authorization for Epidural Injection to Lumbar Spine at Levels L4-5 and L5-S1, there is documentation of subjective (low back pain radiating into the left L5 dermatome) and objective (diminished sensation to light touch along the left L5 dermatome and positive straight leg raise test) findings, imaging findings (Reported MRI of the lumbar spine (3/17/14) revealed a right paracentral disc extrusion at L5-S1 with intrathecal impingement of the right S1 root; there was associated mild acquired central canal stenosis and mild bilateral foraminal narrowing, right more than left; there was a mild diffuse annular bulge L4-L5 slightly more prominent on the left of the midline, mild ligamentum flava and facet hypertrophy contribute to mild acquired central canal stenosis; and there were mild-to-moderate degenerative disc changes at L4-L5 and L5-S1; report not available for review), current diagnoses (Lumbago, lumbar spine degenerative disc disease, and herniated nucleus pulposus at L4-L5 and L5-S1), and treatment to date (Epidural Steroid injection, physical therapy, and medications). There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Injection to Lumbar Spine at Levels L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides, Radiculopathy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. (for Initial injection) ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of Lumbago, lumbar spine degenerative disc disease, and herniated nucleus pulposus at L4-L5 and L5-S1. In addition, there is documentation of a previous lumbar epidural steroid injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Epidural Injection to Lumbar Spine at Levels L4-5 and L5-S1 is not medically necessary.