

<b>Case Number:</b>	CM14-0180442		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old man who sustained a work-related injury on January 9, 2014. Subsequently, he developed chronic low back pain. MRI of the lumbar spine performed on February 18, 2014 showed heterogeneous and relatively low signal intensity in the visualized lumbar, thoracic, and sacral vertebral bodies on both T1 and T2 weighted sequences; congenital narrowing of the spinal canal was observed from L3 to S1 partially contributing to spinal canal narrowing from L2-3 to L5-S; levoconvex scoliosis; anterior spondylosis L2-3; modie I degenerative sub-endplate changes were observed at L2-3; moderate disc desiccation was observed at L2-3 and L5-S1; partially lumbarized S1 vertebral segment with partially formed S1-S2 intervertebral disc; vertebral hemangioma L1; L2-3: concentric posterior annular bulge moderately narrows the lateral recesses bilaterally and contributes to mid-moderate spinal canal narrowing, mild bilateral neural foramina narrowing, mild facet joint, and ligamentum flavum hypertrophy; L3-4: mild spinal canal narrowing, mildly hypertrophic facet joints and ligamentum flavum; L4-5: broad-based left paracentral/foraminal disc protrusion severely narrows the left lateral recess and compresses the left descending nerve root, posterior annular tear, moderate spinal canal narrowing, moderate narrowing of the left neural foramen encroaches upon the perineural fat, mildly hypertrophic facet joints and ligamentum flavum, mildly narrowed right lateral recess and neural foramen; and L5-S1: right eccentric posterior disc bulge severely narrows the left lateral recess and neural foramen, compresses left descending and exiting nerve roots, moderate spinal canal narrowing, mildly hypertrophic facet joints and ligamentum flavum. Prior treatments have included: medications, physical therapy, topical creams, and a left L5-S1 lumbar epidural steroid injection performed on May 9, 2014. According to a progress note dated October 3, 2014, the patient complained of severe dull, achy low back pain, stiffness, and cramping. He also complained of frequent moderate dull, achy left shoulder pain, stiffness, and

cramping. The patient stated that his therapy helped and took his pain away a little bit. Examination of the lumbar spine revealed a decreased and painful range of motion. There was +3 tenderness to palpation of the lumbar paravertebral muscles. Kemp's test caused pain bilaterally. The patient's diagnosis included lumbar sprain/strain, myospasm; lumbar disc protrusion; lumbar facet hypertrophy; lumbar spinal and neural foraminal stenosis; and lumbar spondylosis. The provider requested authorization for left lumbar epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Lumbar Epidural Steroid Injection L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however, there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There are no MRI or EMG reports supporting the diagnosis of active radiculopathy. The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no documentation of failure of conservative therapies. Therefore, this request is not medically necessary.