

<b>Case Number:</b>	CM14-0183173		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/28/1997
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 & Rehabilitation and is licensed to practice in Connecticut. 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 injured worker is a 43-year-old male who reported an injury on 06/28/1997. The mechanism of injury was not provided. His diagnoses were noted to include lumbago, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. His past treatments were noted to include medication, TENS unit, heat therapy, cryotherapy, rest, massage, epidural steroid injection, and home exercise program. The MRI of the lumbar spine on 04/14/2014 revealed small disc bulge with a small amount of fluid within the facet joints at levels L3-4 and L4-5. During the assessment on 10/03/2014, the injured worker complained of neck, low back, hand and leg pain. He rated the pain 7/10 at best and 9/10 at worst, and stated that pain was aggravated by standing, bending, lifting, cold weather, and stress. The physical examination revealed tenderness to palpation at lumbar facet joints bilaterally and increased pain with lumbar extension, rotation, and lateral bending. His muscle strength was normal in the bilateral lower extremities and had a negative Spurling's test bilaterally. There was decreased sensation to sharp touch in the left leg in the L5 distribution. His medications were noted to include Ambien 10 mg, naproxen 500 mg, Norco 10/325 mg, Remeron 45 mg, Robaxin 750 mg, and Vicodin 5/500 mg. The treatment plan was to continue medication and home exercise program as tolerated. The rationale for the lumbar epidural steroid injection was to help alleviate low back pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, outpatient:** 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 request for lumbar epidural steroid injection, outpatient is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option to reduce radicular pain and facilitate progress in active treatment programs. The guidelines specify that radiculopathy must be documented by physical examination and corroborated by imaging studies, and/or electrodiagnostic testing. There also needs to be evidence that the injured worker had been unresponsive to conservative treatment, such as exercise, physical therapy, NSAIDs, and muscle relaxants. The injured worker was noted to have persistent low back pain despite conservative treatment, including a home exercise program and NSAIDs. The injured worker was noted to have had a lumbar epidural steroid injection in the past. The guidelines state that 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There was no quantified information regarding pain to indicate at least 50% relief and specific functional improvement to warrant repeat injection. Furthermore, the injections should be performed using fluoroscopy for guidance and the request as submitted failed to indicate that fluoroscopy would be used. Due to the lack of pertinent information, the request for lumbar epidural steroid injection, outpatient is not medically necessary.