

<b>Case Number:</b>	CM14-0198516		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 35 year old male with a date of injury of 6/20/12 after 20 foot fall from a ladder. He is being treated for chronic lumbar spine sprain/strain superimposed upon degenerative disc and joint disease with right lower extremity radiculitis. Subjective complaints consist of difficulties with his lower back with numbness and tingling down his legs. Objective findings include a physical exam with diffuse lower back tenderness, no focal deficits, equivocal straight leg raise on right/negative on left, normal reflexes, normal sensation to light touch and lumbar spine ROM of 50 degrees flexion, 20 degrees lateral bending and 15 degrees of extension. MRI on 01/23/14 revealed paracentral disc protrusion at L5-S1 with mild bilateral facet disease and right-sided neural foraminal stenosis without spinal canal or left neural foraminal stenosis. Electrodiagnostic studies of the lower extremity on 10/15/14 were normal and failed to demonstrate peripheral nerve entrapment, peripheral neuropathy or nerve root impingement. The treatment thus far documented in the record includes pain medicines, ibuprofen and a referral to pain management. Utilization Review on 11/19/14 was non-certified due to a lack of radiculopathy documented physical exam and corroborated by imaging studies and/or electrodiagnostic testing as well as no documentation as to what levels were to be injected.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." The medical documents fail to show that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) 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. 5) No more than two nerve root levels should be injected using transforaminal blocks 6) No more than one interlaminar level should be injected at one session 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. This is a request for 1 lumbar epidural steroid (ESI) injection. Previous treatments have include ibuprofen and pain medications. There is no evidence in the record of rehabilitation efforts or exercise program or failure of conservative treatments. The patient's current condition fails to meet the MTUS criteria for ESI and radiculopathy as his exam is unremarkable, MRI does not corroborate with his symptoms and he has a negative electrodiagnostic study. MTUS guidelines require, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Also of note, the level of injection is not specified. As such, the request for 1 Lumbar Epidural Steroid Injection is not medically necessary.