

<b>Case Number:</b>	CM14-0213914		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 51 year old male who had industrial injury on 2/5/13 related to pain in back while moving. He had obtained xrays, MRI scans, chiropractic care, and medications. MRI scan on 5/24/13 showed an L3/L4 disc protrusion encroaching the left nerve root and an L4/L5 disc protrusion compressing the right exiting nerve root with encroachment on the left nerve root. Examination on 10/7/14 has injured worker complaining of lower back pain with weakness in bilateral legs. Physical exam demonstrated a normal neurological examination and myotomes test revealed 4 out of 5 in right L2 and L3, the other areas are normal on the right and the left. A diagnosis of lumbar disc protrusion was made. Treatment plan was to request authorization for first lumbar epidural steroid injection. On 11/25/14 a non certification recommendation was made for a request of a lumbar epidural steroid injection at L4-5. The rationale for the denial was due to lack positive objective findings consistent with radiculopathy corroborated with imaging studies and/or electrodiagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection @ L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of radiculopathy that is corroborating the imaging studies. The injured worker has myotome testing decreased on the right at L2 and L3 but the MRI scan does not corroborate that finding. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.