

<b>Case Number:</b>	CM14-0214796		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	11/20/2014
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 27-year-old male with an injury date on 11/12/14. The patient complains of constant upper/lower back pain that is rated 8-10/10 without medications on VAS scale per 11/12/14 report. The patient also has frequent pain/numbness in the bilateral lower extremities per 11/12/14 report. The patient states that trigger point injections give more than 50% relief, and current medications give him 50-75% functional improvement in his activities of daily living per 11/12/14 report. The patient completed 3 aquatic therapy sessions but had to stop due to radiating pain from lower back into left gluteal muscle per 9/17/14 report. Based on the 11/12/14 progress report provided by the treating physician, the diagnoses are 1. Chronic myofascial pain syndrome, thoracolumbar spine, moderate to severe. 2. Bilateral plantar fasciitis. 3. Lumbosacral radiculopathy. A physical exam on 11/12/14 showed L-spine and T-spine range of motion restricted in all planes. Multiple myofascial trigger points and taut bands throughout thoracic and lumbar musculature as well as in the gluteal muscles. The patient's treatment history includes medications; trigger point injections, aquatic therapy. The treating physician is requesting epidural steroid injection at L4-5 levels, and epidural steroid injection at L5-S1 levels. The utilization review determination being challenged is dated 11/20/14. The requesting physician provided treatment reports from 1/29/14 to 11/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Epidural Steroid Injection at L4-5 levels: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with back pain, and pain in bilateral lower extremities. The treater has asked for EPIDURAL STEROID INJECTION AT L4-5 LEVELS on 11/12/14 "based upon failure of conservative management. A lumbar MRI dated 5/2/13 showed straightening of the lumbar. Vertebral body heights and marrow signal are normal. No destructive bony lesion. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has chronic radiating back pain. The patient has not had a prior epidural steroid injection, and a lumbar MRI was unremarkable. Although there is radicular pain, the physical exam do not show any findings confirming radiculopathy, sensory or motor changes, or deep tendon reflex changes. The MRI findings do not show any potential nerve root lesions that may benefit from an epidural steroid injection. The request IS NOT medically necessary.

### **Epidural Steroid Injection at L5-S1 levels: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with back pain, and pain in bilateral lower extremities. The treater has asked for EPIDURAL STEROID INJECTION AT L5-S1 LEVELS on 11/12/14. A lumbar MRI dated 5/2/13 showed straightening of the lumbar. Vertebral body heights and marrow signal are normal. No destructive bony lesion. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has chronic radiating back pain. The patient has not had a prior epidural steroid injection, and a lumbar MRI was unremarkable. Although there is radicular pain, the physical exam do not show any findings confirming radiculopathy, sensory or motor changes, or deep tendon reflex changes. The MRI findings do not show any potential nerve root lesions that may benefit from an epidural steroid injection. The request IS NOT medically necessary.

