

<b>Case Number:</b>	CM14-0216418		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 48 year old woman sustained an industrial injury on 6/16/2010. The mechanism of injury is not detailed. Treatment has included oral medications and two cervical epidural steroid injections since January of 2013 with varying results. Physicain notes dated 11/11/2014 show continued complaints of constant moderate pain at the base of the neck that seems to increase with exposure to cold or prolonged positioning and radiated down the left upper extremity to the hand. She states numbness and tingling in both hands as well as stiffness, tightness, and limited range of motion in the neck. There are also complaints of slight to moderate low back pain that radiates to the left lower extremity and foot at times. This pain is said to increase with prolonged activity and stiffness, and limited range of motion is noted to the lower back. However, normal strength is noted and the worker is able to ambulate on heels and toes bilaterally. While initially the worker had requested to care for her cervical spine first, she became frightened of pursuing more invasive treatment to the cervical spine and decided to work on the low back pain first. The worker has agreed to a series of 1-2 lumbar "diagnostic phase" epidural injections and a request for authorization was submitted. The worker was prescribed oral medications for pain and spasms and remains temporarily partially disabled. On 12/12/2014, Utilization Review evaluated a prescription for a diagnostic lumbar epidural steroid injection at L5-S1. The UR physician noted that the back and left leg pain does not follow any specific dermatomal distribution. Further, the MRI submitted, which is more than three years old, does not identify any pathology that would support the use of epidural steroid injection. The request was denied and subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Diagnostic phase lumbar epidural steroid injection at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Pain section, Epidural steroid injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, diagnostic phase lumbar spine, epidural steroid injection (ESI) at L5 - S1 is not medically necessary. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks. To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous: to help to evaluate radicular pain generator when physical signs and symptoms differ from that found on imaging studies; to help to determine pain generators when there is evidence of a multilevel nerve root compression; to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive; and help to identify the origin of pain in patients with had previous spinal surgery. In this case, the injured worker's working diagnoses are cervical sprain; lumbar sprain; knee/leg sprain; chondromalacia needs; cervical disc bulge; cervical disc degeneration; lumbar disk bulge; disc degeneration; carpal tunnel syndrome; and cervical/upper limb radiculitis. Progress notes from September 20 14th and October 2014 did not contain any physical examinations of the lumbar spine. The plan in September 2014 and October 2014 was to perform a cervical discogram based on symptoms in and around the cervical spine. In a November 11, 2014 progress note there were complaints of pain at the base of the patient's neck. Symptoms radiated down the left upper extremity to the hand. There was positive straight leg raising bilaterally with a decrease to light touch sensation in the left lower extremity. Motor examination was normal bilaterally and lower extremities. Reportedly, the injured worker became frightened about the cervical discogram (in the November 2014 progress note) and the option was offered to undergo a diagnostic phase lumbar epidural steroid injection. There is no documentation as to the clinical rationale other than a conclusion on page 9 of 47 that the injured worker satisfied "these criteria" for the diagnostic lumbar ESI. There were no criteria discussed in the medical record. There were no criteria met in the medical record. The progress notes, as discussed above, dealt with the cervical spine other than the November 2014 progress note.

Consequently, absent clinical documentation to support diagnostic epidural steroid injections lumbar spine, diagnostic epidural steroid injections lumbar spine are not medically necessary.