

<b>Case Number:</b>	CM15-0120460		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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, Pain Management

### 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 33-year-old male, who sustained an industrial injury on 9/1/11. Initial complaints were low back pain. The injured worker was diagnosed as having chronic low back pain; status post microdiscectomy (8/27/13); lumbar radiculopathy; lumbar spine stenosis. Treatment to date has included physical therapy; right L5-S1 epidural steroid injection (3/25/15); medications. Diagnostic studies included MRI lumbar spine (5/5/15); EMG/NCV study right lower extremity (2/17/15). Currently, the PR-2 notes dated 5/20/15 indicated the injured worker was in this office as a follow-up evaluation of pain. The location of his pain is bilaterally on the back and lower extremity. The quality of his pain is described as slowly getting better. The pain fluctuates in intensity and is worsening all this on the right side and the back and the buttocks and then down. The left can be sharp pains and then down into the leg and hurts when he walks. The injured worker reports "whatever you did with that injection is like a miracle." He recently had a right L5-S1 epidural steroid injection on 3/25/15. Exacerbating factors consist of cold weather, emotional stress, missed medication and movement. Relieving factors include analgesics, heat application, massage, medications, and rest. On physical examination, the provider documents back pain that is severe with neck pain, muscle pain, claudication, and decreased range of motion, gait disturbance, muscle weakness, distal calves and the feet. Neurologic examination notes abnormal balance, numbness, tingling, paresthesia, and weakness in the left and right lower extremities with a feeling the leg may give out and a fear of falling. A MRI of the lumbar spine dated 5/5/15 was reviewed and revealed a bulging disc at L3-4 and L4-5 and disc protrusion at L5-S1. At the L4-5 level, there was a bilateral foraminal narrowing with

mild reduction of the anteroposterior diameter of the spinal canal; at L5-S1 there was a bilateral foraminal narrowing with mild posterior displacement of the right S1 nerve root. The injured worker also had an EMG/NCV study of the right lower extremity dated 2/17/15 that showed evidence of a right L5 and S1 radiculopathy. The treatment plan included a discussion of surgery at L4/5 and L5/S1 but the surgeon has requested weight loss prior to surgery. The provider's treatment plan included bilateral L4 and L5 extraforaminal epidural steroid injection (nerve blocks) for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral L4 and L5 extraforaminal epidural steroid injection (nerve block) for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** Regarding the request for repeat 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. 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 is no indication that previous epidural injection on 3/25/2015 has provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. Furthermore, the patient had an EMG on 2/17/2015 with findings of L5, and S1 radiculopathy, and no disease at the level of L4. As such, the currently requested repeat Lumbar epidural steroid injection at L4 and L5 levels are not medically necessary.