

<b>Case Number:</b>	CM15-0177202		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

### 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 50-year-old male, with a reported date of injury of 01-02-2014. The diagnoses include lumbar degenerative disc disease with radiculopathy, and lumbar sprain. Treatments and evaluation to date have included lumbar right transforaminal nerve root block at L4-5 and L5-S1 and lumbar selective translaminal epidural on 05-04-2015, physical therapy, and Meloxicam. The diagnostic studies to date have included a urine drug screen on 05-26-2015 with negative findings; a urine drug screen on 07-07-2015 with negative findings; an MRI of the lumbar spine on 07-10-2014 which showed severe left L3-4 neural foraminal narrowing, moderate right L3-4 and bilateral L4-5 neural foraminal narrowing, mild to moderate degenerative disc disease and spondylosis, and no major central stenosis; electrodiagnostic studies on 08-17-2015 which showed suggestion of left L4-5 radiculopathy and decreased compound motor amplitude likely due to isolated atrophy of the extensor digitorum brevis. The medical report dated 08-03-2015 indicates that the injured worker returned for re-evaluation. He had ongoing lower back complaints. The physical examination showed tenderness to palpation at the bilateral lumbar paravertebral musculature with limitation in lumbar range of motion. The treating physician indicated that the injured worker should be seen by a pain management specialist and that he needed additional epidural injections. The injured worker has been instructed to remain off work until 09-15-2015. The request for authorization was dated 08-19-2015. The treating physician requested pain management for a two lumbar epidural steroid injections. On 08-26-2015, Utilization Review (UR) modified the request for pain management for a two lumbar epidural steroid injections to pain management consultation only.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pain Management for LESI (Lumbar epidural steroid injection) x2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Criteria for the use of lumbar epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not identified on clinical evaluation. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Pain Management for LESI (Lumbar epidural steroid injection) x2 is not medically necessary and appropriate.