

<b>Case Number:</b>	CM15-0078210		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

### 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 49 year old male, who sustained an industrial injury on 04/06/2006. On provider visit dated 03/11/2015 the injured worker has reported constant low back pain that radiates to the posterior legs and feet bilaterally. On examination, he was noted to have muscle spasms noted in lumbar paraspinal muscles. Lumbar spine was noted to have a decreased range of motion and a positive straight leg test bilaterally. The diagnoses have included lumbar degenerative disc disease, lumbar herniated nucleus pulposus, chronic low back pain and lumbar radiculopathy. Treatment to date has included medication and injections. The provider requested Lumbar Epidural Steroid Injection at L5-S1 to help alleviate low back pain and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The 68 year old patient presents with low back pain that radiates to the posterior legs and feet bilaterally. The pain is rated an 8-9/10. The request is for a LUMBAR EPIDURAL STEROID INJECTION AT L5-S1. The provided RFA is dated 03/18/15 and the date of injury is 04/06/08. The diagnoses include lumbar degenerative disc disease, lumbar herniated nucleus pulposus, chronic low back pain and lumbar radiculopathy. Per 03/11/15 report, physical examination of the lumbar spine revealed mildly limited and painful range of motion in extension and right rotation. Sensation to touch diminished to lateral aspect of left calf and foot. Straight leg raise test is positive, bilaterally. MRI of the lumbar spine performed on 11/26/14, revealed at L5-S1, there is central disc extrusion and also a left-sided foraminal disc protrusion. There is a posterior T2 hyperintense zone. There is moderate left neuroforaminal narrowing. Treatment to date has included medication, massage therapy, physical therapy intervertebral disc decompression and epidural injections. Current medications include Soma, Norco, Xanax, and Prilosec. The patient is permanent and stationary. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)." Page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing."; and "In the therapeutic phase, 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." Per 03/11/15 report, treater states, "Request for a lumbar epidural steroid injection at L5-S1 to help alleviate low back pain and lumbar radiculopathy." In this case, patient presents with radicular symptoms and has a diagnosis of radiculopathy. Per 10/20/14 progress report, "The patient had a series of 3 epidural injections, he had a period of improvement of approximately a year. The last injections were December 2013 and January 2014, which gave him relief." For repeat injections, MTUS requires documentation of at least 50% relief. While treater has stated the injections provided relief, there is no numerical scale or decreased medications and functional improvement noted to warrant a repeat injection. Due to lack of documentation, the request IS NOT medically necessary.