

<b>Case Number:</b>	CM15-0095987		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/26/2003
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, 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:

The injured worker is a 60-year-old female, with a reported date of injury of 09/26/2003. The diagnoses include facet arthropathy with back pain at L4-5. Treatments to date have included medial branch block/facet joint injection on 12/18/2014. The office visit dated 04/13/2015 indicates that the injured worker had lumbar pathology, and that her lower extremity motor strength demonstrated a compromising position in the tibialis anterior. The objective findings include decreased tibialis anterior motor strength and diffuse changes in the L4-5 dermatome. It was noted that the injured worker had done well with the injections in the past; therefore, an epidural injection was recommended at L4-5. The treating physician requested a lumbar epidural steroid injection at L4-5.

### 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 L4-5: 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 injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections at L4 - L5 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnosis is facet arthropathy with back pain at L4 - L5. The documentation in the medical record shows the injured worker had bilateral medial branch blocks performed on December 18, 2014. According to a January 12, 2015 progress note, there was 50% improvement. There were no radicular symptoms and the next logical step, according to the treating provider, was a rhizotomy. According to an April 13, 2015 progress note (request for authorization date April 16 2015), the treating provider is now requesting an epidural steroid injection. The utilization review states the injured worker had epidural steroid injections in the past. The medical record contains 7 pages. There is no history of prior epidural steroid injections. There is no documentation of prior epidural steroid injection, response to ESIs with percentage improvement and duration of improvement. On April 13, 2015, the documentation states the injured worker has "lower extremity motor strength demonstrating compromising in the tibialis anterior". Objectively, the documentation states tibialis anterior 4/5. "Sensory exam with a few changes in the L4 - L5 dermatome". There is no clear-cut radiculopathy. There are no recent imaging studies to corroborate the presence of objective radiculopathy in the record. Consequently, absent clinical documentation of prior epidural steroid injections with objective functional improvement, percentage improvement and duration of improvement, clear-cut evidence of radiculopathy with recent imaging studies to corroborate radiculopathy, lumbar epidural steroid injections at L4 - L5 are not medically necessary.