

<b>Case Number:</b>	CM15-0098736		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 54 year old male, who sustained an industrial injury on August 30, 2014, incurring upper and lower back injuries, knee, and wrist. He was diagnosed with cervical disc displacement, cervicgia, lumbar disc disease, lumbar radiculitis and lateral meniscus tear of the right knee, right elbow fracture and left radial head fracture. Treatment included chiropractic sessions, muscle relaxants, pain medications, epidural steroid injection, and physical therapy and activity restrictions. Currently, the injured worker complained of persistent pain in the cervical and lumbar regions. Magnetic Resonance Imaging of the cervical spine revealed multilevel degenerative changes with disc protrusions and foraminal stenosis. Lumbar Magnetic Resonance Imaging revealed disc protrusions bilateral foraminal stenosis. Upon examination, the lumbar spine was positive for right lower extremity weakness. He had ongoing upper extremity pain with numbness into the fingers. The treatment plan that was requested for authorization on May 2, 2015, included a lumbar epidural steroid injection. On April 28, 2015, a request for a lumbar epidural steroid injection was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection is 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 diagnoses are cervical spine disease with multiple level disc protrusions, foraminal stenosis and facet arthropathy; cervicgia with bilateral cervical radiculitis; multiple level lumbar disc protrusions with L4 - L5 foraminal stenosis and multiple level facet arthropathy; and low back pain with right lumbar radiculitis. Date of injury is August 30, 2014. Request for authorization is April 21, 2015. According to an April 16, 2015 initial evaluation, subjective complaints include ongoing low back pain neck pain with radiation down the right leg. MRI lumbar spine shows multiple disc protrusions with bilateral foraminal stenosis at L4 - L5. Objectively, lumbar spine range of motion was decreased and is tenderness to palpation. The neurologic evaluation is unremarkable except for slight weakness in the right foot. There is no clear-cut evidence of radiculopathy. The levels for the requested epidural steroid injection are not documented. The requesting provider does not specify left or right-sided injections. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clear-cut objective evidence of radiculopathy and no documentation showing the specific levels to be injected, lumbar epidural steroid injection are not medically necessary.