

<b>Case Number:</b>	CM13-0011204		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	02/12/2011
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 year old female with date of injury on 02/12/2011. The progress report dated 06/20/2013 indicates that the patient's diagnoses include: Lumbar radiculopathy, Lumbar failed surgery syndrome, Lumbar post laminectomy syndrome, Status post lumbar laminectomy, Headaches, Depression, Chronic pain other, Rectal bleeding, Urinary incontinence, Status post lumbar surgery on August 2012, severe constipation secondary to opiates. The patient continues to complain of low back pain that radiates to bilateral lower extremities. Exam findings included decreased range of motion in the lumbar spine, tenderness at L4 through S1 level, sensory exam showed decreased touch in the right lower extremity with decreased sensation along the L4-L5, L5-S1 dermatome. Straight leg raise in a seated position is positive on the bilateral lower extremities for radicular pain at 70 degrees. A second diagnostic lumbar epidural steroid injection was requested for the right L4 through S1 level. The treating physician indicated that the patient had recently undergone a diagnostic lumbar epidural steroid injection and had reported a positive response. The MRI report of the lumbar spine dated 12/11/2012 indicates there are interval laminectomies at right L5 and S1 levels. Evidence of microdiscectomy at the periphery of the right paracentral L5-S1 disk. Two enhancements in the right lateral recess of L5-S1. Given the history of surgery on August 2012, the finding is consistent with granulation tissue. Mild right lateral recess stenosis is not significantly changed. The records indicate there was a L5-S1 epidural steroid injection performed on 10/16/2012. Utilization review letter dated 07/09/2013 issued a non-certification of the requested right L4-S1 epidural steroid injection with the rationale that the patient had been recently approved for spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional right L4-S1 lumbar epidural steroid injection under fluoroscopic guidance:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<http://www.acoempracguides.org>

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

**Decision rationale:** The records indicate the patient continues with chronic low back pain with radicular symptoms in the bilateral lower extremities and sensory deficit in the right L4 through S1 dermatomes. MRI of the lumbar spine from 12/11/2012 indicated interval laminectomies at right L5 and S1 levels. Evidence of microdiscectomy at the periphery of the right paracentral L5-S1 disk. MTUS Guidelines page 46, 47 regarding epidural steroid injections states that if used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. The treating physician indicated on his 06/20/2013 report that the patient had recently undergone a diagnostic block with a positive response. However, I was unable to locate records of when the previous diagnostic block was performed. A report from 10/16/2012 indicates that the patient had undergone L5 through S1 epidural steroid injection. Review of 4 additional reports between 01/09/2013 and 06/20/2013 do not mention any response to prior epidural steroid injections. There were multiple discussions regarding a trial of spinal cord stimulator, which the patient appears to have undergone on 08/08/2013. Regarding the repeat epidural injection, there is lack of documentation for 50% or more reduction of pain lasting more than 6 weeks with medication reduction and functional improvement. Therefore, recommendation is for denial.