

<b>Case Number:</b>	CM13-0038131		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 66-year-old male who reported an injury on 06/18/2001. The patient is noted to have undergone a previous posterior anterior lumbar interbody fusion with laminectomy at L2-3 and L3-4. He is reported to complain of ongoing low back pain and a CT myelogram performed on 01/10/2013 reported an impression of lumbar spondylosis resulting in mild spinal stenosis at L4-5 and L5-S1 with right L4-5 and bilateral L5-S1 neural foraminal narrowing. He is noted to have undergone a bilateral transforaminal epidural steroid injection at S1 on 01/10/2013 and a clinical note dated 02/19/2013 reported the patient reported 60% pain relief with the ability to stand longer, walk longer, and tolerate more of his daily activities. On 03/11/2013, it was noted the analgesic injection relief lasted approximately 4 weeks. A clinical note dated 06/17/2013 and signed by [REDACTED] reported the patient complained of low back pain with radiation of pain to the bilateral buttocks and posterior thighs which he rated 8/10. He reported his pain was worsened with prolonged sitting, prolonged standing, walking and bending forward and improved with lying down, use of a TENS unit, injections, and anti-inflammatory medications. He is noted on physical examination to have a brisk gait with good coordination and with the ability to heel and toe walk without difficulty. There was mild pain to palpation over the lumbar spine. The patient is noted to have normal range of motion of the back, 5/5 strength on manual muscle testing of the bilateral lower extremities, intact sensation to light touch and 2+ reflexes at the knees and ankles bilaterally. On 07/31/2013, [REDACTED] noted the patient continued to complain of low back pain with radiation of pain to the bilateral buttocks and bilateral posterior thighs. He is reported to have undergone multiple fusion procedures in the past as well as implantation of a dorsal column stimulator which was placed in 2008. On physical exam, the patient is

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The patient is a 66-year-old male who reported an injury on 06/18/2001. He is noted to have undergone multiple lumbar surgeries included anterior and posterior discectomy and fusion at L2-3 and L3-4. He is noted to have undergone a CT myelogram that showed a solid fusion at L2-3 and L3-4 and lumbar spondylosis resulting in mild stenosis at L4-5 and L5-S1 with right L4-5 and bilateral L5-S1 neural foraminal narrowing. He is reported to complain of low back pain with radiation of pain to the bilateral lower extremities. He is noted on physical exam to have no neurological deficits. The California MTUS Guidelines recommend an epidural steroid injection for treatment of complaints of radiculopathy with documented findings of neurological deficits on physical examination that are corroborated by imaging studies and electrodiagnostic testing and states that a repeat block should be based on continued objective pain relief and functional improvement with at least 50% pain relief with a reduction of medications for 6 to 8 weeks. As the patient is not noted to have findings on physical exam of neurological deficits consistent with radiculopathy and a previous injection was reported to have only given pain relief for 4 weeks, the request for an interlaminar epidural steroid injection does not meet guideline recommendations. Based on the above, the request for an interlaminar epidural steroid injection is non-certified.