

<b>Case Number:</b>	CM13-0038391		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a male patient with a date of injury of August 31, 2010. A utilization review dated July 13, 2013 recommends non-certification of a bilateral L4 - 5 lumbar epidural steroid injections. Non-certification is recommended due to lack of evidence supporting the need of a lumbar epidural steroid injection within the documentation provided. A progress note dated September 10, 2013 identifies subjective complaints of increased lumbar pain with lower extremity pain that was severe enough that the patient went to the emergency room for evaluation at some point prior to his visit. Physical examination identifies no tenderness of the spine, ribs, or SI joints; movement restriction in all directions due to pain, normal strength and tone of the spine, bilateral lower extremity strength is 5/5 with normal tone, a positive antalgic gait, positive straight leg raise bilaterally at 30°<sup>Å</sup>, normal deep tendon reflexes, it was noted that the patient's reflexes are generally hyperreflexive bilaterally. An MRI of the lumbar spine dated July 13, 2013 demonstrated multilevel degenerative changes accentuated by a small central canal, severe spinal canal stenosis at L4 - 5, left greater than right exiting L4 nerve root compression, and multiple levels of spinal canal stenosis and for nominal narrowing. Diagnoses include lumbar stenosis, lumbar radiculopathy, and other chronic pain. The treatment plan recommends a prescription for Ultram ER, cyclobenzaprine, naproxen, protonix, and a bilateral L4 - 5 lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L4-5 EPIDURAL STEROID INJECTION FOR THE LUMBAR SPINE:**  
Upheld

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

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

**Decision rationale:** Regarding the request a bilateral L4-5 lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at the L4, L5 dermatomal distribution. Additionally, there are no electrodiagnostic studies corroborating the diagnosis of radiculopathy and there is no clear documentation of unresponsiveness to conservative treatment such as physical therapy, exercises, NSAIDS, or muscle relaxants. In the absence of such documentation, the currently requested bilateral lumbar epidural steroid injection at L4-5 is not medically necessary