

<b>Case Number:</b>	CM13-0049098		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 44 year old man with a date of injury of 2/4/03. A lumbar MRI showed focal L3-4 paracentral disc protrusion with bilateral stenosis of the neuroforamina. He was seen by his primary treating physician on 10/1/13 with complaints of low back and left leg radicular pain in the L3-4 distribution. His physical exam showed a well healed lumbar spine incision with spasms and painful and limited range of motion. He had trigger points and motor weakness in his quadriceps at 4/5. His patellar reflexes were 1+ and sensations intact. His diagnosis was status post lumbar fusion with subsequent revision. At issue is the request for an L3-4 lumbar epidural injection.

### 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 L3-L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 35 Page(s): 35.

**Decision rationale:** Epidural spine injections are recommended as an option for treatment of radicular pain. The American Academy of Neurology recently concluded that epidural steroid

injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDS) and muscle relaxants. The medical records do not sufficiently substantiate the medical necessity of a lumbar epidural injection.