

<b>Case Number:</b>	CM13-0049740		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	09/18/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology 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:

The patient is a [REDACTED] employee who has filed a claim for spondylolisthesis associated with an industry injury of September 18, 2010. Thus far, the patient has been treated with opioids, NSAIDs, muscle relaxants, physical therapy, and home exercise program. Patient has had two previous epidural steroid injections and facet injections, no date of procedure or results of procedures were documented. The condition has been deemed permanent and stationary. In a utilization review report of October 23, 2013, the claims administrator denied a request for lumbar epidural steroid injection, as there is no supporting evidence of radiculopathy. Review of progress notes shows increasing low back pain with tenderness of the lumbosacral area and pain upon movement. MRI noted from 2010 showed multi-level disc degeneration of the lumbar spine, a 2-3mm disc bulge at L5-S1, and spondylolisthesis at L4-L5 with facet arthropathy, severe canal stenosis, and bilateral foraminal stenosis. There are no findings of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A LUMBAR EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS, Page(s): 46.

**Decision rationale:** As noted on page 300 of the MTUS ACOEM Guidelines and page 46 of Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. In addition, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, there is no documentation of objective radiculopathy, as well as documentation of treatment response regarding the previous epidural steroid injections; the request also does not specify a level. Therefore, the request for lumbar epidural steroid injection is not medically necessary, as the guideline recommendations of MTUS were not met.