

<b>Case Number:</b>	CM13-0049751		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/23/1996
<b>Decision Date:</b>	06/23/2014	<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 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 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 patient is a 65-year-old female with date of injury of 10/23/1996. Per treating physician's report, 10/16/2013, the patient presents with low back pain that continues to be painful, but medications are helping, allowing her to do her usual activities, walking regularly. The patient has had epidurals in the past. She does not remember how she responded but also reports that the patient's pain was not as intense as it is now. Current medications include Flexeril, progesterone, estradiol, Cymbalta, fentanyl 12 mcg patches, Norco every 4 to 6 hours. Examination showed normal motor and sensation except in the L3 distribution bilaterally. Back and lumbar paraspinal tenderness with increased pain with flexion. Listed diagnoses are: 1. DDD lumbar spine. 2. Chronic pain due to trauma. 3. Low back pain. Under treatment discussion "We will appeal denial of the epidural steroid injection as she is having a flare in her low back." Report of lumbar spine MRI from 09/27/2011 showed degenerative bone and disk changes at L2-L3, L3-L4, L4-L5 with associated mild to moderate spinal stenosis at L4-L5 and mild to moderate bilateral foraminal stenosis at L2, L3 and L4 neuroforamen. Degenerative changes were also seen involving right L4-L5 apophyseal joint. An 11/08/2013 letter is an appeal for the denied epidural steroid injection. This letter indicates that the examination revealed "TTP over the lumbar spine" midline has decreased sensation in L3 dermatome; MRI shows mild to moderate bilateral foraminal narrowing at L2-L3, L3-L4, L4-L5 levels consistent with radiculopathy. The patient has been unresponsive to conservative treatment, has had some benefit from acupuncture, physical therapy as well as medications, but despite this conservative treatment for many months, she continues to have low back pain radiating into both her hips and legs. The 07/24/2013 report states that pain has been well controlled with combination of fentanyl patches and Norco. Chief complaint is low back pain. A 02/19/2013 hospital

emergency documentation shows that the patient presented with exacerbation of low back pain for 2 days and location of pain was lumbar. No pain down the lower extremities are described in this report.

### **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 L2-3: 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 Epidural steroid injections (ESIs) Recommended as an option for treatment of radicular pain (.)

**Decision rationale:** MTUS Guidelines support epidural steroid injections for clear diagnosis of radiculopathy. A diagnosis of radiculopathy requires dermatomal distribution of pain/paresthesia, positive physical examination maneuvers, examination findings, corroborated by imaging studies. In this case, the patient presents with chronic low back pain primarily without description of radiating symptoms in the lower extremities. The request is for lumbar epidural steroid injection at L2-L3. MRI showed multilevel moderate spinal stenosis including central and foraminal. The treating physician has appealed the denial indicating that the patient has "tenderness to palpation over the lumbar spine, midline and has decreased sensation in the L3 dermatome" with MRI demonstrating foraminal narrowing at multiple levels consistent with radiculopathy; however, the treating physician does not describe any pain down the lower extremity. Several progress reports do not document any radicular symptoms. There was an emergency department visitation report that did not discuss any radiating symptoms in the lower extremities. This patient primarily suffers from low back pain. Although the treater describes sensory changes in the lower extremities, given the lack of the patient's significant pain down the lower extremities, epidural steroid injections are not indicated. The request for Lumbar Epidural Steroid Injection at L2-3 is not medically necessary and appropriate.