

<b>Case Number:</b>	CM13-0050284		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/1998
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Tennessee. 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 65-year-old male patient with a 4/27/98 date of injury. The patient presents with chronic low back pain radiating to the lower extremities. A previous lumbar epidural steroid injection (ESI) on 3/8/13 has resulted in relief for more than 4-5 months, with reduction of pain by approximately 60% and improved tolerance for ambulation and improved capacity for exercise. A physical exam demonstrates slow, antalgic gait, limited lumbar extension, lumbar tenderness at L4-5 and L5-S1, positive straight leg raise test on the right, and decreased sensation over the bilateral L4 and L5 dermatomes. On 10/11/13, the patient reported 10/10 pain; constipation with oxycodone; taking more Percocet than prescribed; and currently taking several additional medications. Objective findings include verbally animated and physically expressive; no formal examination performed on that date. Diagnoses listed included chronic low back pain; postlaminectomy syndrome lumbar spine; dysthymic disorder; cardiomyopathy; major depression; opioid type dependence. Treatment plan included the continued use of current medications; follow up 1 week; as well as the continued request for implantable cardiac defibrillator. Documentation notes that patient is demanding medication and is verbally abusive to staff. Pain medication has been limited to a week supply to avoid abuse. It is also noted that the patient is not able to work due to progressively increasing pain. There is documentation of a previous 10/16/13 adverse determination for lack of quantified response to previous lumbar ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 BILATERAL L4 AND L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** MTUS does not support 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. While greater than 50% relief was reported for 4-5 months following previous ESI, there is no objective evidence to corroborate such reports. Following the most recent lumbar ESI, subsequent reports indicate that the patient continued to take Percocet up to 10 times per day, with pain ratings of 9-10/10. Therefore, the request is not medically necessary.