

<b>Case Number:</b>	CM13-0054974		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 63-year-old male who had a work injury dated 8/30/12. The diagnoses include right greater than left lumbar radiculopathy secondary to L2-3 and L4-5 bilateral foraminal stenosis. There is a request for diagnostic lumbar epidural steroid injection bilateral L2-3 and L4-5. There is a 1/25/13 orthopedic evaluation document that states that the patient recently underwent an epidural injection, approximately three (3) weeks ago, at the right L4-5 level. There is a 2/27/13 PR-2 (progress report) that states that the patient recalls that the epidural steroid injection resulted in the reduction of pain for "quite some time." The left radicular symptoms are unchanged and severe. Per the 5/6/13 agreed medical exam (AME) document in late 2012, the patient was administered one (1) lumbar epidural steroid injection. Initially, he noted a slight benefit in pain reduction, which lasted for five (5) weeks. After the fifth week, however, he states that his symptoms worsened. The AME physician recommended a second lumbar epidural steroid injection at the left L4-5 level. An MRI of the lumbar spine dated 5/8/13, revealed severe central canal stenosis at L2-3 and L4-L5, with multilevel foraminal stenosis and discogenic changes. A 5/29/13 electromyography (EMG) of the bilateral lower extremities revealed a normal study. There is a 7/9/13 primary treating physician document which requests lumbar decompressive surgery at the L2-3 and L4-5 levels, with complete decompression and foraminotomies at both levels, right greater than left. A 10/3/13 primary treating physician office document indicates that the patient complained of low back pain, rated 6/10 with increasing right greater than left lower extremity symptoms. The lower leg radicular component was worse than the lower back pain. The objective findings revealed flexion 60 degrees, extension 50 degrees and the left/right lateral tilt was 50 degrees, and left rotation 40 degrees.

The patient had positive straight leg raise, difficulty arising from the seated position and the gait was slightly antalgic. The spasms of the lumbar paraspinal musculature decreased.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DIAGNOSTIC LUMBAR EPIDURAL STEROID INJECTION BILATERAL L2-3 AND L4-5: 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 (ESIs) Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), EPIDURAL STEROID INJECTIONS (ESIs), THERAPEUTIC AND EPIDURAL STEROID INJECTIONS (ESIs) DIAGNOSTIC.

**Decision rationale:** The Chronic Pain Guidelines and the Official Disability Guidelines indicate that in the diagnostic phase, a repeat block is not recommended if there is an inadequate response to the first block. The Official Disability Guidelines indicate that if after the initial block/blocks are given and found to produce pain relief of at least 50-70% for at least six to eight (6-8) weeks, additional blocks may be supported. The documentation submitted reveals that patient had a right L4-L5 lumbar epidural steroid injection, which caused a slight reduction of pain for approximately five (5) weeks and after the fifth week, the patient felt worse. There is no documentation that this injection caused the patient to have functional improvement as defined by the MTUS, or a decrease in pain medications. A repeat injection at this level would not be medically necessary and therefore the request of bilateral L2-L3 and L4-5 diagnostic lumbar epidural steroid injections are not medically necessary.