

<b>Case Number:</b>	CM13-0057920		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/21/1976
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Emergency Medicine 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 patient is a 69-year-old male who was injured on October 21, 1976. The patient continued to experience low back pain with radicular symptoms down bilateral lower extremities. The patient underwent lumbar spinal surgery in 1978 and again in 2007. Physical examination was notable for bilateral sacroiliac tenderness, normal sensation in the lower extremities, and normal motor strength in the lower extremities. MRI of the lumbosacral spine reported severe narrowing at the L5-S1 foramen, postsurgical changes at L4-5, moderate spinal stenosis at L3-4 and L2-3, and moderate narrowing at the left L3-4 exit foramen. Treatment included epidural steroid injections, sacroiliac joint injections, medications, and physical therapy. Both epidural steroid injection and sacroiliac injections had been beneficial in relieving the patient's pain. Request for authorization for bilateral L2-3 transforaminal epidural injections were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BILATERAL L2-3 TRANSFORAMINAL EPIDURAL INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STERIOD INJECTIONS (ESIS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. 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, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case there is insufficient documentation to support the diagnosis of radicular pain. The patient is not experiencing dermatomal sensory loss or decrease in motor function. MRI findings are not consistent with L2-3 radiculopathy. Criteria for epidural steroid injections have not been met. The request should not be authorized.