

<b>Case Number:</b>	CM13-0059475		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/22/1989
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopaedic Surgery, and is licensed to practice in Pennsylvania. 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:

Records indicate the patient is a 56-year-old male with a reported injury date of November 22, 1989. The patient has a history of lower back pain radiating to both legs and numbness in the left leg. The claimant's symptoms are not described in a specific dermatomal pattern. Strength has been noted at 5/5 throughout the lower extremities. Reflexes are 2+ and symmetric for the lower extremities and sensation is intact. An MRI of January 2013 was reported to show diffuse spondylosis throughout the lumbar spine. The patient has been treated with medications and chiropractic care. The majority of the treatment records suggest that the patient wanted to hold off on injections and it is not clear if the patient ever received any injections. However, there is a suggestion in a note dated January 18, 2014 that the patient "has been successful for years in controlling his back pain and functioning by receiving lumbar epidural steroid injections at L3-4 and L4-S1 twice a year". Currently, there is a request for L3-4 and L4-5 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION AT LEVELS L3-L4 AND L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The requested L3-4 and L4-5 epidural steroid injection cannot be recommended as medically necessary. There is a conflict between the letter of January 18, 2014 and the previous treatment records that indicate the patient still wants to hold off on receiving injections. There are no procedure notes or operative notes indicating that the patient truly received epidural injections and there is no clear documented response to such injections. California MTUS Chronic Pain Guidelines require at least 50% meaningful relief with associated reduction of medication use for six to eight weeks after an epidural injection. There is no post injection record to document the patient received this type of relief. More importantly, Chronic Pain Guidelines require objective evidence of radiculopathy to pursue epidural injection. Though this patient reports lower extremity complaints, they are not noted in a focal dermatomal pattern and the patient does not have objective evidence of radiculopathy on examination. Rather, the patient has normal strength, sensation and reflexes. The patient, therefore, does not have objective evidence of radiculopathy to comply with MTUS Chronic Pain Guidelines that indicate the need for objective radicular findings on exam. Overall, the patient therefore does not meet California MTUS Chronic Pain Guidelines for epidural steroid injection according to the records reviewed.