

<b>Case Number:</b>	CM13-0063325		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/05/2003
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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:

The patient is a 53-year-old male with a date of injury of 2/5/03. Based on an anesthesiology/algology follow-up evaluation by [REDACTED], dated 12/3/13, the patient's diagnoses included lumbar discogenic syndrome and muscle spasm. The patient experienced relief from a 4/30/13 L1 segmental nerve root block. [REDACTED] is requesting a lumbar epidural steroid injection with anesthesia at the bilateral L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTIONS WITH ANESTHESIA ON L4-L5 (BILATERAL): Upheld**

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

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

**Decision rationale:** A review of the 11/5/13 progress report indicates good pain relief from a prior epidural steroid injection (ESI) on 3/5/13. A nerve root block injection was done on 4/30/13. Examination showed decreased lumbar range of motion, lumbar muscle spasm, and

absent right knee and ankle jerks, and a reference is made of an 8-mm disc herniation on MRI. The report from 12/3/13 states that the injured worker had a successful treatment of the lumbar spine with treatments on 8/30/11, 11/8/11, 2/7/12, and 3/5/13. He also had successful treatment on 4/30/13 at the L1 segmental nerve root level. There are no formal imaging reports available for review. The MTUS indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient must be initially unresponsive to conservative treatment in order to endorse ESIs. In this case, the patient has had numerous spinal injections, but there is a lack of documentation of 50% reduction of pain lasting 6-8 weeks; there is also no documentation of functional improvement with reduction of medication use. Dermatomal distribution of pain with exam findings explained by the MRI finding of 8-mm disc herniation are lacking as well. As such, the request is noncertified.