

<b>Case Number:</b>	CM13-0066150		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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 an employee of [REDACTED] and has submitted a claim for complex chronic low back pain, degenerative disk disease, osteoarthritis, facet disease, and radiculopathy associated with an industrial injury date of 11/14/2012. The treatment to date has included lumbar epidural steroid injections (ESI) times two (2) on 07/25/2013 (the other one unspecified), physical therapy, and medications including hydrocodone/Apap, ibuprofen, and cyclobenzaprine. The utilization review from 11/27/2013 denied the request for repeat lumbar epidural under fluoroscopy due to lack of documentation regarding the exact date of initial ESI, as well as the percentage of benefit from its use. The medical records from 2012 to 2013 were reviewed showing that the patient complained of chronic low back pain radiating to both legs, left greater than right. The patient was reported of not taking his medications. He had difficulty sleeping. The pain resulted to difficulty walking, bending, prolonged sitting and standing, and lifting heavy objects. An inspection of the spine showed no deformity. There was tenderness at the spinous process, interspinous ligament, lumbar paraspinal muscles, gluteal area, and sacroiliac joints. There was limited range of motion of the lumbar spine on all planes. The Facet loading maneuver, FABER and Gaenslen's tests were positive bilaterally. Motor strength was 4/5 at all extremities. The reflexes and sensation were both intact, and the gait was antalgic. The patient is not a candidate for lumbar decompressive surgery because he has three (3) levels of degenerative disc disease and therefore, the benefits of the operation are outweighed by the risks. An MRI of the lumbar spine, dated 02/15/2013, revealed disc bulges with annular tears at L2-3, L3-4, and L4-5; mild to moderate spinal canal stenosis with moderate effacement of the right lateral recess at L2-3; multilevel foraminal stenosis; and moderate multilevel facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT LUMBAR EPIDURAL UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that an epidural steroid injection is an option for the treatment of radicular pain. Most current guidelines recommend no more than two (2) epidural steroid injections. The guidelines also indicate that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight (6-8) weeks. In this case, a progress report written on 11/11/2013, stated that the patient already received two (2) lumbar epidural steroid injections with the most recent given on 07/25/2013. The patient stated it helped him a little bit and gave him relief for two (2) weeks. However, there was no further documentation regarding the functional improvement and reduction of pain reported in the pain scale associated with the procedure. The employee has failed to exhibit any evidence of improved performance of activities of daily living, and failed to exhibit any reduction in dependence on medical treatment. He continues to exhibit diminished lower extremity strength and radicular symptoms, and is currently taking adjuvant analgesics. Furthermore, the present request does not specify the level of injection intended. Therefore, the request for a repeat lumbar epidural under fluoroscopy is not medically necessary.