

<b>Case Number:</b>	CM14-0011167		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 & 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 an 81-year-old female with a date of injury of 12/07/2011. According to report dated 11/13/2013 by [REDACTED], the patient presents with low back pain which radiates down to her left leg at the calf level. The patient reports having tingling sensation in her left leg and into the calf. Medications temporarily alleviate her pain. The patient reports having 80% improvement in her pain with her prior epidural injection for 3 weeks but her pain is now back to baseline. Examination of the lumbar spine reveals tenderness to palpation upon the lumbar paravertebral musculature. There are muscle spasms noted with restricted range of motion due to complaints of discomfort and pain. There is positive straight leg raise on the left. MRI from 07/28/2012 and 10/31/2012 of the lumbar spine revealed degenerated disk disease at L3 to S1. There is stable degenerative spondylolisthesis at L4-L5 and L5-S1. There is mild left L4 sensory radiculopathy. Treater is recommending a second epidural injection at level L5 S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2ND LUMBAR EPIDURAL STEROID INJECTION AT LEVEL L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIS  
Page(s): 46-47.

**Decision rationale:** The MTUS Guidelines recommend an ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement must be documented including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. As medical records document, the patient received a lumbar epidural injection on 10/03/2013. On progress report dated 11/13/2013, the treating physician noted an 80% improvement in pain with the injection which lasted for 3 weeks. MTUS Guidelines require pain reduction lasting 6-8 weeks with reduction in medication use. Review of the reports show no change in Tramadol and Naproxen use before and after the injection from 10/3/13. Given the lack of significant improvement as defined by MTUS, recommendation is for denial.