

<b>Case Number:</b>	CM14-0013590		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 a 39-year-old male who has submitted a claim for lumbosacral spondylosis, lumbar strain, bilateral L5 pars defect, and status post lumbar fusion associated with an industrial injury date of October 26, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain graded 9/10 with numbness and tingling sensation to both legs. Physical examination of the lumbar spine showed restricted ROM and tenderness. CT scan of the lumbar spine from December 2, 2013 showed 2mm disc herniation without stenosis at L4-5 and 4mm anterolisthesis at L5-S1. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, physical therapy, and surgery (8/21/12). Utilization review from January 22, 2014 denied the request for lumbar epidural steroid injection due to lack of imaging demonstration of stenosis or clinical signs of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION:** Upheld

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

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

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy, if used for diagnostic purposes, a maximum of two injections should be performed. In this case, the patient complained of lower back pain graded 9/10 with numbness and tingling sensation to both legs. However, physical examination failed to demonstrate radiculopathy to the lower extremities. CT scan of the lumbar spine from December 2, 2013 showed 2mm disc herniation without stenosis at L4-5 and 4mm anterolisthesis at L5-S1. In addition, the request did not specify the specific lumbar level/s and laterality of the requested injection. Therefore, the request for lumbar epidural steroid injection is not medically necessary.