

<b>Case Number:</b>	CM14-0121487		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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 69 year old female who was injured on 08/01/2001. The mechanism of injury is unknown. Prior treatment history has included a home exercise program, lumbar epidural steroid injection, Lyrica, Neurontin and Lidoderm patches. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/21/2014 demonstrated no significant interval change since 1/3/2002; unchanged mild central spinal stenosis from L2-L4; stable discogenic disease at L2-L4 and L5-S1; stable degenerative hypertrophic facet arthropathy, severe at L3-L4 and L5-S1; prior anterior fusion at L4-L5 associated with laminectomy at L4, partial left facetectomy at L4-L5 and right posterior fusion at L4-L5; prior left-sided posterior decompression at L5-S1. Progress report dated 06/26/2014 indicates the patient presented with complaints of foot pain secondary to a foot and ankle problem. She stated she has continued severe pain in the low back which radiates to the bilateral legs in L5 distribution and the pain is rated as an 8/10. She reported difficulties with activities of daily living. On exam, paravertebral myofascial triggers are present at L5. She is able to internally rotate her left ankle but she has difficulty with heel-toe. Her sensation is decreased in the right posterior thigh in L5 distribution. Range of motion of the lumbar spine revealed flexion to 45 degrees; extension to 15 degrees; right lateral bending to 10 degrees; and left lateral bending to 15 degrees. Diagnoses are chronic pain syndrome; lumbar post laminectomy syndrome; left foot internal derangement, neuritis; and lumbar radiculopathy. The patient has been recommended for L4-5 steroid injection under fluoroscopic guidance x1 as per MTUS. Prior utilization review dated 07/28/2014 states the request for L3-5 Lumbar Epidural Steroid injection with post follow-up is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-5 Lumbar Epidural Steroid injection with post follow-up: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, page 46. The Expert Reviewer's decision rationale: The CA MTUS guidelines state for consideration of epidural steroid injection, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The medical records do not establish the existence of objective findings indicative of active radiculopathy with corroborative findings on imaging study. There lacks physical examination and imaging evidence of nerve root compromise that correlates to the requested L3-4 and L4-5 ESI bilaterally. The guidelines also require that in the therapeutic phase, 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 weeks. The patient underwent a lumbar epidural injection on 3/11/2013. However, the medical records do not establish that the patient obtained at least 50% reduction in pain with associated reduction in pain medication use for at least 6-8 weeks. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.