

<b>Case Number:</b>	CM14-0124365		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/22/2001
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury on 03/22/2001. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, activity modifications, and epidural steroid injections. The injured worker ultimately developed complex regional pain syndrome of the bilateral lower extremities with low back pain radiating into the bilateral lower extremities. The injured worker was evaluated on 03/24/2014. It was noted that the injured worker had undergone an epidural steroid injection at the L5-S1 that provided complete relief for approximately 36 hours. However, at that time symptoms returned. The injured worker was evaluated on 06/26/2014. It was documented that she had ongoing low back pain and withdrawal symptoms due to the last medication taper. The injured worker's medications included Duragesic patch, levorphanol, Norco, Zantac, Colace, Celebrex, Cymbalta, medical marijuana, and aspirin. Physical exam findings included tenderness to palpation of the left side of the thoracic and lumbar spine paraspinal musculature and sacroiliac joint. The injured worker had symmetrical deep tendon reflexes and 4/5 motor strength in the left hip flexor. It was noted that the injured worker was sweating intermittently throughout the examination. A request was made for an epidural steroid injection to assist with tapering medications. A Request for Authorization Form was not submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Epidural Steroid Injection with Catheter and Bilateral Neuroplasty: Upheld**

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends repeat injections be based on documented functional improvement and at least 50% pain relief for 4 to 6 weeks following the procedure. The clinical documentation submitted for review does indicate that the injured worker previously underwent an epidural steroid injection in 03/2014 that only provided significant relief for approximately 36 hours. Therefore, an additional epidural steroid injection would not be supported. As the epidural steroid injection with catheter would not be supported, the bilateral neuroplasty would also not be supported. Furthermore, the request as it is submitted does not specifically identify a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested bilateral epidural steroid injection with catheter and bilateral neuroplasty is not medically necessary and appropriate.