

<b>Case Number:</b>	CM14-0136283		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/25/1997
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

This is a 55 year old female with a 2/25/97 injury date. The mechanism of injury was not provided. In a 6/23/14 follow-up, the patient reported 2/10 to 3/10 low back pain with neuropathic pain in the groin and genital region. The patient reported trying to be more active and was able to cut down her medication. No objective findings were documented. No imaging studies were documented. Diagnostic impression: lumbar herniated disc. Treatment to date: medications, dorsal column stimulator trial. A UR decision on 7/29/14 denied the request for lumbar epidural steroid injection with epidurogram on the basis that there is a lack of subjective complaints and physical exam findings to indicate radiculopathy, and a lack of documentation regarding imaging studies and failure of conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION WITH EPIDUROGRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not support epidural injections in the absence of objective radiculopathy. In addition, California (MTUS) criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. Lumbar epidurography serves as an adjunct in evaluating patients with equivocal myelograms. It is indicated in management of radiculopathy, failed response to epidural steroids, post laminectomy failed syndrome, post-surgical irritation lasting longer than 3 weeks, failed back after conservative therapy and patients with pacemaker where MRI is contraindicated. Epidurography is used as a confirmative test for epidural placement of catheter, drugs and as a preliminary procedure before epiduroscopy. In the present case, there is minimal documentation of objective exam and imaging findings that would support a diagnosis of radiculopathy. There is no evidence or discussion of prior conservative treatment measures such as physical therapy or acupuncture. The patient's subjective complaints of radiating symptoms to the groin and genital region are also not consistent with radiculopathy. Overall, the medical necessity of the request is not established. Therefore, the request for lumbar epidural steroid injection with epidurogram is not medically necessary.