

<b>Case Number:</b>	CM14-0151481		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/10/1997
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational Medicine, 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 claimant injured his low back on 07/10/97. A lumbar epidural steroid injection at level L3-L4 is under review. The claimant has a diagnosis of post lumbar laminectomy syndrome with radiculopathy, spinal stenosis, and facet syndrome. He is status post instrumented lumbar arthrodesis with cages and bone graft in August 1999 with hardware removal and additional bone grafting in June 2008. He still has low back pain. Exam findings included limited lumbar range of motion and paraspinal spasm with positive provocative facet testing. He had an intact motor exam and deep tendon reflexes with decreased sensory examination of the right lateral thigh. He had a previous lumbar epidural steroid injection at L3-4 (04/22/14) that gave him 40% improvement for 2 weeks. On 08/25/14, the notes indicated that he had to lumbar ESI's at the same level in April 2012 and March 2013 but the results are not described. He had full strength and decreased light-touch sensation over the right lateral thigh versus the left. He wanted to try another ESI. Additional PT was also ordered. He was still considering a spinal cord stimulator trial but wanted to try massage and PT first. The results of the previous epidural steroid injections in 2012 and 2013 are unknown. He was reinjured in a motor vehicle accident on 05/17/14 that exacerbated his pain. An office note states that on 01/20/14, he had bilateral L2-3 transforaminal ESI's that were not effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for a repeat lumbar ESI at level L3-L4. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) 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, with a general recommendation of no more than 4 blocks per region per year. There is no evidence of radiating pain that is consistent with radiculopathy on PE and no EMG demonstrating radiculopathy has been reported. No focal neurologic deficits consistent with radiculopathy have been documented. There is no report of an MRI of the lumbar spine that demonstrates nerve root compression at the level/site to be injected. It is not clear whether the claimant has exhausted all other reasonable treatment for his symptoms or whether he has been continuing an independent exercise program. The results of the prior ESIs are less than optimal (including the ESI at the same level on 04/22/14) and the results of other ESIs in the past are not documented or are described as having not been beneficial. The medical necessity of this request for a repeat lumbar Epidural Steroid Injection at level L3-L4 is not medically necessary.