

<b>Case Number:</b>	CM14-0152100		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/01/1993
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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:

This is a 50 year-old male with a 1/1/93 date of injury. The patient was most recently seen on 8/14/14 with complaints of increased pain following the removal of an SCS. Exam findings revealed improved range of motion, a positive Straight Leg Raise test at 60-degrees. Neurological examination revealed diminished sensation in the posterior thigh. Motor strength reveals difficulty with heel-toe walk, and there is a positive compression test at bilateral L4 and L5. The patient's diagnoses included lumbar radiculitis secondary to post laminectomy syndrome (fused at L4-5); lumbar disc bulge at L5-S1 with stenosis; positive discogram and positive EMG/NCS. The medications included Norco, Lidoderm patch. Significant Diagnostic Tests: MRI, which showed L5-S1 4mm bulge with stenosis and severe degeneration with annular tear; Positive discogram at L5-S1; Positive EMG/NCS at L4-5 and L5-S1; CT lumbar spine which showed L4-5 4mm disc with NFS. Treatment to date has included medications, epidural steroid injection. An adverse determination was received on 8/21/14. The rationale for this adverse determination was not included in the medical records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral L3-L4 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**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:** The California 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. This patient is under care for chronic lower back pain, subsequent to an industrial injury that occurred 1/1/93. He continues to experience severe pain, which interferes with his activities of daily living. The physical examination revealed a positive Straight Leg Raise test, and diminished sensation in the posterior thigh. While there was difficulty with heel-toe walk, no deep tendon reflex or motor exam was documented. In a treatment note dated 7/29/14, a request was made for a diagnostic epidural injection at L3-4, to see how much of the patient's pain was coming from the L3-4 level. However, the patient's sensory deficits, as well as all imaging and electrodiagnostic testing performed localizes pathology to the L5-S1 level. There is no evidence of objective radiculopathy originating at the L3-4 level. Therefore, the request for 1 bilateral L3-L4 epidural steroid injection is not medically necessary.