

<b>Case Number:</b>	CM14-0173577		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/27/2002
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 62-year old male who was injured on 7/27/2002. The diagnoses are lumbar radiculopathy, neck, bilateral shoulders and low back pain. There are associated diagnoses of anxiety and insomnia. The past surgery history is significant for bilateral shoulder surgeries. The patient completed PT, shoulder and cervical epidural steroid injections. The MRI of the lumbar spine showed multilevel disc bulges, canal stenosis and bilateral foraminal stenosis. On 9/15/2014, [REDACTED] noted subjective complaint of pain score of 8/10 on a scale of 0 to 10. The pain is associated with numbness, burning and tingling of the upper and lower extremities. There was objective finding of tenderness of the lumbar paraspinal muscles, positive straight leg raising test and sensory deficits in the lower extremities. A previous caudal epidural injection was documented to have a more than 1 year beneficial effects. The medications are Percocet, methadone and Lyrica for pain and Ambien for sleep. A Utilization Review determination was rendered on 9/30/2014 recommending non-certification for left L3-4, L4-5 epidural with catheter X 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI left L4-5, L5-S1 with catheter x 2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The records indicate that the patient have subjective, objective and radiological findings consistent with lumbar radiculopathy. There is documented history of beneficial effects following a previous caudal epidural steroid injection that lasted more than 1 year. The patient been utilizing high dose medications and have completed PT treatments. The Lumbar ESI left L4-5, L5-S1 with catheter x 2 is medically necessary.