

<b>Case Number:</b>	CM14-0180548		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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:

This is a 52-year-old female with a 4/17/01 date of injury. According to the most recent progress report provided for review, dated 7/23/14, the patient reported ongoing back pain and radiating leg pain. She has continued to try and decrease her narcotic usage. A 2/20/14 report noted that the patient had a left L1-L2 epidural steroid injection performed on 12/12/13. She had substantial relief of radiating leg pain, but still complained of significant back pain. Objective findings: weakness to left hip flexor, diminished sensation along L2-L3, negative straight leg raise. A lumbar MRI from 11/15/13 revealed 7mm retrolisthesis present within severe disc space narrowing and severe facet hypertrophy. Disc-spur complex and disc bulge contributes to relatively mild central stenosis as a posterior decompression has been done. Foraminal stenosis is moderate bilaterally due to marginal osteophyte and facet disease. Diagnostic impression: lumbar/lumbosacral disc degeneration, lumbosacral neuritis/radiculopathy, lumbosacral spondylosis. Treatment to date: medication management, activity modification, lumbar ESI (12/12/13). A UR decision dated 10/20/14 denied the request for Bilateral L2-L3 Epidural Injection. The claimant has alleged symptoms of radicular pain. However, no EMG test was documented to confirm any radicular neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-L3 Epidural Injection, Fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints; Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS does not support Epidural Injections in the absence of objective radiculopathy. In addition, CA 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. However, in the present case, it is noted that the patient had an Epidural Steroid in December, 2013. There is no documentation of at least 50-70% pain relief for six to eight weeks following her previous injection. In addition, it was noted that the patient still complained of significant pain following the injection. Therefore, the request for Bilateral L2-L3 Epidural Injection, Fluoroscopy is not medically necessary.