

<b>Case Number:</b>	CM14-0020990		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/12/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 & 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:

The injured worker is a 64 year old female who reported an injury on 04/12/2009 secondary to a fall. The clinical note dated 01/24/2014 reported the injured worker complained of backache on extension and right radicular leg pain. She reportedly stated her pain improved after an epidural injection on 11/05/2013. The physical exam reported the injured worker had pain at the low back with radiation down the right leg to the ankle and toes. The injured worker had a positive straight leg raise of 45 degrees on the right with radiating pain to the right great toe. She also had a positive straight leg raise to 0 degrees on the left with radiating pain to the left calf. The injured worker's medication regimen reportedly included Neurontin, Norco and Ultram. The injured worker's diagnoses included discogenic syndrome lumbar, lumbar face arthropathy, lumbar nerve root injury, and muscle spasm. The treatment included recommendations for lumbar epidural steroid injections, lumbar facet injections and medications that included increased dosage of Norco and added Zanaflex. The MRI, of the lumbar spine, dated 06/13/2011 reported findings of a 4mm L1 disc; L1, 2 disc; L2, 3 disc, L3, 4 disc with foraminal stenosis. L4, 5 disc with foraminal stenosis; L5, S1 disc. The request for authorization was submitted on 01/30/2014 to provide pain relief for the injured worker's chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL EPIDURAL STEROID INJECTIONS AT L4-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for Bilateral Epidural Steroid injections at L4-5 is non certified. The injured worker has a history of low back pain with radiculopathy. The CA MTUS requires criteria for repeat epidural steroid injections to include documentation showing functional improvement, and at least 50% reduction in pain, and associated reduction in medication use, for at least 6-8 weeks. The clinical information, provided for review, included documentation with evidence the injured worker has lower back pain with radiation to the lower extremities. The MRI on 06/13/2011 reported findings of of a 4mm L1 disc; L1, 2 disc; L2, 3 disc, L3, 4 disc with foraminal stenosis. L4, 5 disc with foraminal stenosis; L5, S1 disc. The documentation also included information that the injured worker had an epidural steroid injection in 11/2013 which provided 75% improvement; however, it was unclear how long the injured worker had relief from the prior injection. The clinical notes, provided for review show the injured worker had relief from the epidural steroid injection to include an increase in her activities of daily living, and the documentation also reported the injured worker stated her medication allows her to increase her activity as well. The provider increased the injured worker's pain medication in 01/2014; therefore, it was unclear if the injection decreased the injured workers medication usage. The level of the prior injection was unclear within the provided documentation. The requesting physician did not include an official MRI report from the prior MRI of the lumbar spine. There was a lack of documentation indicating the injured worker had significant findings of radiculopathy upon physical examination. Therefore, the request for Bilateral Epidural Steroid injections at L4-5 is not medically necessary.