

<b>Case Number:</b>	CM14-0028306		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 31 year old male who was injured on 9/26/2008. The diagnoses are low back pain radiating down the lower extremities and headache. There are associated diagnoses of insomnia, anxiety and depression. [REDACTED] documented subjective complaints of 8/10 pain score, increasing back pain, ambulating with a Cane and loss of bowel and bladder control during flare ups of back pain. The past surgical history is significant for L4-L5 laminectomy. A revision surgery was recommended in 2013 but a request for second opinion was denied. The MRI of the lumbar spine showed multilevel disc bulges, neural foraminal stenosis, L4-L5 surgical changes with arachnoiditis and spondylotic changes. The medications are gabapentin, Norco and Anaprox for pain. Other medications are Celexa which was started when Pristiq was non-certified. The patient reported that the Pristiq was more effective for the depression and anxiety symptoms than Celexa. The UDS was consistent with the use of prescribed hydrocodone. A Utilization Review determination was rendered on 2/21/2014 recommending non certification for Lumbar Epidural Steroid injection with epidurogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR EPIDURAL STEROID INJECTION WITH EPIDUROGRAM:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5  
Page(s): 46.

**Decision rationale:** The CA MTUS addressed the use of epidural steroid injections for the treatment of lumbar radiculopathy that is non-responsive to conservative management with medications and physical therapy. The records indicate the presence of subjective, objective and radiological findings consistent with the diagnoses of severe lumbar radiculopathy. The use of epidural steroid injections can lead to reduction in pain, decrease in medication utilization, increase in range of motion /ADL and avoidance or delay of surgery. The records indicate that the back pain is increasing despite medications management and physical therapy. The patient wishes to delay or avoid a repeat back surgery that was recommended in 2013. The criteria for Lumbar Epidural Steroid injection with epidurogram was met.