

<b>Case Number:</b>	CM14-0032444		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 50 year old female who was injured on 10/15/2013. The diagnoses are left knee bursitis, and low back pain. The MRI and CT of the lumbar spine was significant for multilevel disc bulges and bilateral L5 spondylosis. On 1/31/2014, the patient reported low back pain associated with numbness and tingling sensations. The objective findings were normal Straight Leg Raising test, deep tendon reflexes and no sensory or motor deficits. The patient did complete 3 months of physical therapy and medication management. The medications are listed as Relafen for pain and Robaxin for muscle spasm. A Utilization Review determination was rendered on 2/14/2014 recommending non-certification for bilateral L5 pars epidural steroid injection one set for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L5 PARS EPIDURAL STEROID INJECTIONS, ONE SET FOR THE LUMBAR SPINE:** Overturned

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

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

**Decision rationale:** The CA MTUS addressed the use of interventional pain procedures for the treatment of chronic lumbar radicular pain. The indications for lumbar epidural steroid injections include to decrease pain and medication utilization, increase range of motion and function and to avoid or delay surgery in patients who have failed conservative treatment. There should be subjective and objective findings as well as radiological and or EMG/NCS indicative of radiculopathy. The record did indicate subjective complaints of possible radiculopathy with legs falling asleep, numbness and tingling sensations as well as radiological findings consistent with bilateral L5 radiculopathy. The patient have completed at least 3 months of physical therapy and medications management. The criteria for bilateral L5 pars epidural steroid injections was met.