

<b>Case Number:</b>	CM14-0038269		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/26/1993
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 patient is an 83 year old male with date of injury 5/26/93. The treating physician report dated 3/5/14 indicates that the patient presents "doing reasonably well. He continues to have severe paresthesias that radiates into his legs." The physical examination findings reveal severe tenderness in the lower back region, extension increases his pain, motor exam demonstrates generalized weakness in the legs with 4/5 strength with difficulty standing. MRI report dated 11/20/13 indicates severe central spinal stenosis with concomitant lateral recess stenosis and neural foraminal encroachment at L3-5, there is moderate epidural lipomatosis at the L5/S1 level and the mild to moderate levoscoliosis of the lower lumbar spine. The current diagnoses are: lumbar kyphosis and anterolisthesis at L2-5 with stenosis. The utilization review report dated 3/19/14 denied the request for lumbar Epidural injection x2 based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar epidural injection times 2: Upheld**

**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 Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with chronic, severe bilateral lower extremity paresthesia. The current request is for lumbar epidural injection x 2. The treating physician report dated 3/5/14 states, "Given the severe symptomatic stenosis that he has in his low back and with the history of good relief from ESI, I would like to request two more lumbar epidural steroid injections." There is documentation of lumbar ESI on 9/23/13, 10/21/13 and 10/27/13. On 12/4/13 the treating physician states there is a significant improvement in his back and leg pain, he still must use his front wheeled walker and cane and he is requesting Norco 5 refills. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case the treating physician stated that previous lumbar ESI provided good relief, however there is no documentation of the length of time that his pain was relieved, any changes in medication usage from the injection and there is no information regarding functional improvement from the previous injection. Additionally the treating physician has failed to document what specific level is to be injected. The treating physician has failed to document the necessary medical information required to provide further lumbar ESI and he has requested 2 injections without first documenting the necessary improvements from a first injection. Additionally MTUS only allows for 4 injections in a one year period of time and this request is for 2 additional injections 5 months after the last 3 injections. Recommendation is for denial of lumbar ESI x 2.