

<b>Case Number:</b>	CM14-0053446		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/17/2003
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and Rehabilitation, has a subspecialty in interventional spine 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 patient is a 65-year-old female with date of injury of 04/17/2003. The patient presents with a fall injury, now suffering from chronic neck, low back, upper extremities, lower extremities, both shoulders. The patient had 3 surgeries including left rotator cuff repair from 2005, posterior fusion with hardware removal in 2007, and recently, arthroscopic left knee surgery in June 2013. Following surgery in 2013, the patient developed severe debilitating pain in her low back on the left side with radiation on the left leg and L4 or L5 nerve distribution. In 10/07/2013, the patient was recommended for lumbar epidural steroid injection. An MRI of the hip joint from 10/15/2013 showed fluid in the acetabular joint space bilaterally. The patient has had knee Synvisc injection. The patient is status post left L3-L4 and S1 epidural steroid injection on 02/03/2014 and experiencing about 25% reduction of pain, which was ongoing. The patient wanted very much like to proceed with the second injection. The patient was taking less medication, not waking up at night, and is having improvement with her activities of daily living. The patient was also requesting trigger point injections. Examination showed trigger points in the lumbar spine; sensory changes along posterior lateral thigh, lateral calf, and L5-S1 nerve distribution; positive straight leg raise. An MRI of the lumbar spine from 10/30/2013 is described as fusion at L4-L5 with a 5-mm anterolisthesis, moderate bilateral foraminal stenosis at L3-L4. Listed diagnoses include lumbar post laminectomy syndrome with bilateral lower extremity radiculopathy, left hip DJD, left knee internal derangement status post arthroscopy on June 2013, status post left shoulder rotator cuff repair, cervical spine degenerative disk disease with associated cervicogenic headaches. Recommendation was for repeat lumbar epidural steroid injection.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Lumbar Epidural Steroid Injection at L3-4 and S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines - Epidural steroid injections.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS Chronic Pain Treatment Guidelines, pg 46.

**Decision rationale:** This patient presents with persistent pain down the lower extremity, low back despite lumbar fusion surgery at L4-L5, at the level of anterolisthesis. The current request is for second lumbar epidural steroid injection. The patient had an injection on 02/03/2014 and by 02/27/2014, the treating physician documents 25% reduction of pain with reduction of medication use and improved function. The MTUS Guidelines do allow ESI for diagnosis of radiculopathy. In this patient, the patient does present with what appears to be L5/S1 dermatomal sensory changes on examination, significant pain radiating down the lower extremity. However, MRI shows bilateral foraminal stenosis at L3-L4 and fusion at L4-L5. There is no evidence of any nerve root problems at L5 or S1 levels. Furthermore, the patient underwent epidural steroid injection on 02/03/2014, reporting only 25% reduction of pain. Although the patient would appreciate any reduction of pain, MTUS Guidelines require 50% or more reduction of pain lasting at least 6 weeks before repeat injection can be considered. Anything less than 50% is typically a placebo response therefore. The request is not medically necessary.