

<b>Case Number:</b>	CM14-0054407		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/17/1994
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Occupational Medicine 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 a 76-year-old male who has submitted a claim for lumbar spine multilevel degenerative disease and lumbar spine multilevel bilateral foraminal stenosis; associated with an industrial injury date of 03/17/1994. Medical records from 2012 to 2014 were reviewed and showed that patient complained of low back, hip, and buttock pain. Pain is aggravated by prolonged sitting. Physical examination showed that range of motion of the lumbar spine was limited. A palpable angulation change involving the spinous processes of the upper lumbar region on the back was noted. There is slight weakness (5-/5 to 5/5) in the bilateral lower extremities. Sensation to light touch was intact. MRI of the lumbar spine, dated 01/20/2014, showed bilateral minimal foraminal narrowing at the level of L1-L2, and moderate right and mild left foraminal narrowing at the level of L2-L3. Treatment to date has included medications, physical therapy, activity modification, and epidural steroid injection (2009). Utilization review, dated 03/25/2014, denied the request for epidural steroid injection because there was no active evidence of lumbar radiculopathy, or MRI evidence of neurocompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine 1-3 image guided epidural steroid injections with local anesthetic and steroid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Epidural Steroid Injections (ESIs).

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of low back, hip, and buttock pain despite medications, physical therapy, and epidural steroid injection in 2009. However, the medical records submitted for review failed to show evidence of radiculopathy on physical examination, including motor and sensory deficits in a dermatomal distribution. Moreover, there was no discussion regarding percent pain relief, reduction of medication intake, or functional improvement from previous ESI. The criteria for ESI have not been met. Therefore, the request for LUMBAR SPINE 1-3 IMAGE GUIDED EPIDURAL STEROID INJECTIONS WITH LOCAL ANESTHETIC AND STEROID is not medically necessary.