

<b>Case Number:</b>	CM14-0057431		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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. 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 injured worker is a 52 year old female who sustained an injury on 03/26/09 while performing her duties as a deputy sheriff for [REDACTED]. The records indicate that she is status post lumbar fusion L4-S1 in April 2010. The injured worker continues to complain of low back pain. The injured worker was seen on 02/25/14 and reports that she has developed some severe left worse than right radiating pain into the hips. The injured worker is noted to have undergone some massage and acupuncture treatment in addition to utilizing pain medications. Current medications were noted to include Tramadol with intermittent use of Percocet, Flexeril, Robaxin, Zoloft, and Lovastatin. X-rays including flexion/extension views were noted to show intact posterior instrumentation with adequate incorporation of interbody spacers. At the L3-4 level there is retrolisthesis of L3 onto L4 and significant disc space narrowing. On examination gait is intact and nonantalgic. The injured worker is able to forward flex to 60 degrees, but extension greater than 10 degrees causes some increasing low back pain. There is some weakness of the left psoas 4/5, and left dorsiflexion 4+/5. Sensation is decreased in the bilateral calves and feet. Straight leg raise is mildly positive on the left. Magnetic resonance image of the lumbar spine dated 03/24/14 revealed postoperative changes with decompressive laminectomies at L4-5, L5-S1 and anterior/posterior spinal fusion at these levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L4 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page(s) 46 of 127 Page(s): 46.

**Decision rationale:** The injured worker is status post 2-level lumbar decompression and fusion L4-S1 done in 2010 and continues to complain of low back pain that radiates to the hips. Magnetic resonance image showed post-op changes with intact instrumentation and no recurrent disc herniation or stenosis at L4-5 and L5-S1. At L3-4 there is mild degenerative disc disease with a 2mm disc bulge, mild facet arthropathy, no central canal stenosis and mild narrowing of the neural foramen. The injured worker is noted to have some new findings of quadriceps strength deficit not previously documented. The injured worker reportedly has failed efforts at conservative medical management but there is no documentation of conservative measures completed to date, that she has had non-steroidal anti-inflammatory drugs or has participated in and failed to respond to a recent course of physical therapy for the low back. There is no indication of a home exercise program. The records provided do not indicate if the injured worker has had previous epidural steroid injection and if so the response thereto. Based on the clinical information provided, the request for L3-L4 epidural steroid injection is not medically necessary.