

<b>Case Number:</b>	CM14-0072149		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Geriatrics and is licensed to practice in New York. 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 58 year old man woman with dates of injury of 8/25/08, 10/20/09 and 10/12/11. She was seen by her pain management provider on 4/2/14 with complaints of low back pain which radiated to her lower extremities (greater on right) and bilateral foot pain. She is status post an epidural injection said to be helpful but the date is not listed. Later in the note, the provider indicates he is referring her for her initial epidural injection. Her exam showed spasm in the bilateral L3-5 paraspinal muscles and vertebra. Range of motion produced pain and was limited. She had decreased strength in her flexor muscles of her bilateral lower extremities and her sensory exam showed decreased touch along the L3-5 dermatomes. Straight leg raise was positive at 70 degrees bilaterally. At issue in this review is the request for L3-L5 lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L5 lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steroid Injections(ESIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 35.

**Decision rationale:** Epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that she has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. Additionally, it appears that an epidural injection has already been provided in the past and was said to be 'helpful' but there is no documentation of when this occurred and what the outcomes were in regards to pain and function. An L3-5 epidural injection (in question here) is not medically substantiated.