

<b>Case Number:</b>	CM14-0073340		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/14/1985
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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, 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:

The patient is a 77-year-old male with date of injury of 06/14/1985. The diagnoses per [REDACTED] dated 03/27/2014 are mild central canal stenosis at T12-L1 (mild foraminal stenosis and a broad-based disk bulge), mild central canal stenosis at L1-L2 (retrolisthesis and disk protrusion with mild foraminal stenosis), mild central canal stenosis at L2-L3, moderate foraminal stenosis at L3-L4, and laminectomy at L4-L5 with spondylolisthesis and disk protrusion. There is moderate to marked foraminal stenosis. According to this report, the patient complains of chronic lumbosacral spine pain and bilateral leg numbness. The patient was last seen on 01/24/2014, and at that time, the patient received an epidural steroid injection #2 at L5-S1. The patient notes good pain relief in the range of about 60%. The patient continues to experience relief, but today, we are consulting with him on future recommendations. The physical exam shows the patient is well developed, well nourished, and in no acute distress. The patient ambulates with an aid of a cane. Neurological exam is intact. No other findings were noted on this report. The utilization review denied the request on 05/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third bilateral L5-S1 lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 47, 11.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting a third bilateral L5-S1 lumbar epidural steroid injection. The MTUS Guidelines page 46 and 47 on epidural steroid injections recommends this option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. In addition, 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 with a general recommendation of no more than 4 blocks per region per year. The MRI referenced by the physician dated on 12/20/2013 shows laminectomy at L4-L5 with spondylolisthesis and disk protrusion. There is also moderate to marked foraminal stenosis at L4-L5. No findings were reported on L5-S1. The records show that the patient received an epidural steroid injection on 01/21/2014, where the patient reported relief and states that he can now walk and sit 60% better. Duration of relief is not documented. Functional improvements with medication reduction are not documented. Furthermore, the physical exam does not support radiculopathy and MRI shows minimal findings for a nerve root lesion. Therefore, this request is not medically necessary.