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| <b>Case Number:</b>   | CM14-0075473 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 09/18/2000 |
| <b>Decision Date:</b> | 10/09/2014   | <b>UR Denial Date:</b>       | 04/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/23/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 72 year old male who was injured on 9/18/2000. The diagnoses are low back pain and bilateral knee pain. There are associated diagnoses of COPD, recurrent pulmonary infection, chemotherapy for multiple myeloma and recent blood clots on the leg. There is a past history of trigger points injections, right hip injection, bilateral L4-L5 epidural steroid injections and implantation and later removal of spinal cord stimulator. [REDACTED] noted that the patient wanted the functional spinal cord stimulator removed because he preferred medication management. There was objective finding of lumbar paraspinal muscle spasm but no neurological deficits. The medications are Wellbutrin for depression and Suboxone for unspecified indication. A Utilization Review determination was rendered on 4/24/2014 recommending non certification for bilateral L4-5, L5-S1 selective epidural steroid injections under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Selective Epidural with Fluoro under Anesthesia at L4/5 and L5/S1 Bilaterally:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):  
46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG recommend that epidural steroid injections can be effective in the treatment of radicular pain that did not respond to standard treatment with medications and PT. The records indicate that the patient had effective pain relief after successful implantation of spinal cord stimulator but preferred to utilize pain medications. There was no documentation of significant pain relief following hip injections, trigger points injections and the first bilateral L4 to S1 injections that was done on 6/23/2014. It is unclear if the patient is on anticoagulants for DVT prophylaxis following a recent hospitalization for blood clots. The criteria for bilateral L4-L5, L5-S1 selective epidural steroid injections under fluoroscopy was not met.