

<b>Case Number:</b>	CM14-0088662		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 and Rehabilitation and is licensed to practice in Alabama. 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:

This patient is a 59-year-old male who was injured on 09/02/2012 while he was pulling down a large cart of food. Prior treatment history has included transcutaneous electrical nerve stimulation (TENS), lumbar support brace, chiropractic treatment, a home exercise program, epidural injections, and medications. Prior medication history includes Levothyroxine, Ibuprofen, Vicodin, Flexeril, Etodolac, and Codeine. The patient underwent laminectomy and discectomy in 1976. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/20/2013, which revealed L2-3 mild diffuse disc protrusion, ligamentum flavum hypertrophy (LFH) and bilateral facet arthropathy; narrowing at the cervical spine AP 6mm neuroforaminal narrowing; L3-4 diffuse disc protrusion; L4-5 diffuse bulge; L5-S1 diffuse bulge with bilateral FA and severe neuroforaminal narrowing, laminectomy changes at L4-5. A progress report dated 04/24/2014 states the patient is stable on his medication regimen including Norco, Codeine and Flexeril. The patient was noted to have normal sensation and local tenderness in the lower lumbosacral spine. Diagnoses are multilevel lumbar disc disease and low back pain. He was instructed to continue with management, and an epidural injection was recommended. The utilization review dated 06/02/2014 states the request for Epidural Injection is denied, as no functional improvement has been documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The CA MTUS guidelines recommend the use of epidural steroid injections for the reduction of pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs. This includes avoiding surgery. Patients must have clear radiculopathy, clinically or from imaging studies, to suggest the use of ESI. The medical records do not document any neurological deficit or radicular pain pattern. Furthermore, the documents show only degeneration of the discs in the lumbar spine. Based on the guideline criteria, as well as the clinical documentation stated above, this request is not medically necessary.