

<b>Case Number:</b>	CM14-0197489		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 patient is a 41 year old male who was injured on 1/18/2010. The diagnoses are lumbar disc degeneration, lumbar facet syndrome, low back pain. The 2014 MRI of the lumbar spine showed multilevel disc bulges, effacement of the theca sac, facet hypertrophy, foraminal narrowing and contact with nerve roots. On 6/30/2014, [REDACTED] noted that the back pain was not associated with numbness, tingling or weakness of the lower extremities. The neurological examination was normal. The EMG/NCV did not show radiculopathy. On 10/14/2014, [REDACTED] noted that the patient had 3 days of pain relief following lumbar epidural steroid injection. The patient was then complaining of anterior pain around the right abdominal region. The rest of the medical history was reported as unchanged. The objective findings are lumbar paraspinal muscle spasm, tenderness on the lumbar areas and positive straight leg raising test. The patient was referred for evaluation of the abdominal pain. The medication listed is diclofenac. A Utilization Review determination was rendered on 11/6/2014 recommending non certification for lumbar epidural steroid injection at L4 62311.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection at L4: Upheld**

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

**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 Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. The epidural injection can be repeated if there is significant pain relief following the first epidural injection. The records indicate that the patient did not have subjective, objective or EMG/NCV findings consistent with radiculopathy. The patient reported only 3 days of pain relief following the initial epidural injection. The guidelines recommend a repeat of the injection if the initial injection produced a greater than 60% pain relief for at least 6 to 8 weeks associated with reduction in medication utilization and increased physical function. The criteria for lumbar epidural steroid injection at L4 was not met.