

<b>Case Number:</b>	CM14-0201467		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 75 year old male who was injured on 4/9/1996. The diagnoses are status post lumbar laminectomy fusion, lumbar radiculopathy and low back pain. The 2014 MRI of the lumbar spine showed multilevel disc bulge, anterolisthesis, facet hypertrophy and neural foramina stenosis impinging on several nerve roots. The patient completed PT, and lumbar epidural steroid injections. On 11/3/2014, [REDACTED] noted significant relief of symptoms following the 10/13/2014 caudal epidural injection. There was a past history of consistent significant pain relief with functional improvement following previous epidural injections. The request for decompression surgery of higher lumbar levels was non certified. A previous epidural injection was performed with the caudal approach because of the history of lumbar laminectomy fusion. A clinical noted dated 2/12/2014 had previously noted subjective complaint of low back radiating down the lower extremities. The pain score was rated at 5-9/10 on a scale of 0 to 10. There was objective finding of limited range of motion of the lumbar spine with tenderness to palpation. The medications listed are meloxicam and ranitidine. A Utilization Review determination was rendered on 11/19/2014 recommending non certification for L5-S1 lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Lumbar Epidural Steroid Injection L5-S1: Overturned**

**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 California MTUS and the Official Disability Guidelines (ODG) guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and physical therapy (PT). It is recommended that epidural injection can be repeated if there is significant pain relief with functional improvement and reduction in medication utilization following prior epidural injection. The records show that the patient had subjective and radiological findings consistent with lumbar radiculopathy. The objective findings are non-classical because of the history of extensive laminectomy fusion surgery. There is history spanning several years of significant pain relief with functional improvement following previous lumbar epidural injections. The medication utilization was minimal because of the benefits from the injections. The records indicate that the lumbar epidural injections are being performed via a caudal approach because of the lumbar laminectomy fusion. The criteria for repeat lumbar epidural steroid injection at L5-S1 was met.