

<b>Case Number:</b>	CM14-0056950		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Rehab 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:

This 45 year-old patient sustained an injury on 9/23/10 while employed by [REDACTED]. Request(s) under consideration include Lumbar epidural steroid injection. Diagnoses include lumbar spondylosis and postlaminectomy syndrome. Conservative care has included medications, therapy, lumbar epidural steroid injections, and modified activities/rest. The patient underwent spinal stimulator trial with little relief. The patient continues to treat for chronic ongoing pain symptoms. Report of 3/11/14 from the provider noted increasing low back pain; seemingly more subdued. Medications list Paxil, Cymbalta, Dilaudid, and Norco. Exam only documented vital signs with height/weight of 5'11", 200 lbs. BMI of 27.9. No neurological or musculoskeletal findings were identified. Treatment was for LESI and continued medications. The request(s) for Lumbar epidural steroid injection was non-certified on 4/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid 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 Page(s): 46.

**Decision rationale:** This 45 year-old patient sustained an injury on 9/23/10 while employed by [REDACTED]. Request(s) under consideration include Lumbar epidural steroid injection. Diagnoses include lumbar spondylosis and postlaminectomy syndrome. Conservative care has included medications, therapy, lumbar epidural steroid injections, and modified activities/rest. The patient underwent spinal stimulator trial with little relief. The patient continues to treat for chronic ongoing pain symptoms. Report of 3/11/14 from the provider noted increasing low back pain; seemingly more subdued. Medications list Paxil, Cymbalta, Dilaudid, and Norco. Exam only documented vital signs with height/weight of 5'11", 200 lbs. BMI of 27.9. No neurological or musculoskeletal findings were identified. Treatment was for LESI and continued medications. The request(s) for Lumbar epidural steroid injection was non-certified on 4/7/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 2010 injury. Criteria for repeating the epidurals have not been met or established. The Lumbar epidural steroid injection (unspecified level) is not medically necessary and appropriate.