

<b>Case Number:</b>	CM13-0013947		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/02/2005
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana, and 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 physician 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 59-year-old female who reported injury on 01/02/2005. Documentation indicates that the patient originally had an injury in 2004, when she lifted a heavy filing cabinet and underwent an anterior fusion at C4-6 in 2005. She was noted to have sustained an injury to her low back when she returned home from surgery; as such, the date of injury is 01/02/2005. The patient was documented to have had lumbar epidural steroid injections in the past. The most recent one, which was 3 years ago, was noted to have given the patient great relief of symptoms, including reduced pain by 60% for 9 months, and the patient was able to reduce medications. The patient's diagnoses were noted to include cervical fusion and lumbar radiculopathy along with chronic pain syndrome. The request was made for 1 bilateral L4-5 and L5-S1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Bilateral L4-5 and L5-S1 Lumbar Epidural Injection: Upheld**

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

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

**Decision rationale:** California MTUS guidelines recommend that, for repeat Epidural steroid injection, there must be objective, documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Clinical documentation submitted for review indicated that the patient had a lumbar epidural steroid injection approximately 3 years prior to the current request and that there was greater than 60% benefit for 9 months, including an ability to reduce medications. The physical examination revealed the patient had tenderness to palpation over the bilateral lumbar paraspinal muscles, consistent with spasms. The patient was noted to be positive for lumbar facet-loading maneuver bilaterally. The patient was noted to have a positive straight leg raise test on the right in the seated and supine position to 45 degrees. There was noted to be diminished sensation in the right L5 and S1 dermatomes of the lower extremities and the patient was noted to have motor strength of 4+/5 on the right shoulder abduction and right grip strength. The patient's reflexes were noted to be 1+/4 in the bilateral upper extremities and 1+/4 in the bilateral lower extremities. Clinical documentation submitted for review failed to indicate whether the patient had radicular symptoms with the straight leg raise. The patient did have objective findings of radiculopathy. However, there was a lack of documentation indicating the patient's objective functional improvement and a lack of documentation indicating which medications were reduced and by how much. Given the above, the request for bilateral L4-5 and L5-S1 lumbar epidural steroid injection is not medically necessary.