MAXIMUS Federal Services

| Case Number: | CM13-0061583 | | |
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| Date Assigned: | 07/11/2014 | Date of Injury: | 08/10/2009 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

## 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 Internal Medicine and is licensed to practice in Arizona. 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 is a 54-year-old female with an injury suffered on January 8, 2009. She was working as a home health assistant and her patient, who was her mother, fell causing her to fall. She sustained an injury to her lumbar spine. She has had evaluations that include a lumbar CT scan, dated July 21, 2014 and a lumbar MRI dated October 19, 2013. On August 13, 2014, her orthopedic surgeon states that her CT scan shows that she has auto-fused or ankylosed at the L5-S1 disc and inter-body locations, further explaining that the interspinous ligament and supraspinous ligaments have ossified functionally bridging the bones between the L5 and S1 spinous processes. She has facet arthropathy worse on the right. The MRI showed very advanced disease at L5-S1 and spondylosis at L2-3, 3-4, 4-5. He feels that this is the pain generator because the other levels appear normal. The surgeons states that because of her chronic pain, functional limitations, and her radiologic findings she is a surgical candidate, recommending an anterior lumbar interbody fusion to complete the ankylosing of the anterior column at L5- S1. The physician has described her pain as chronic axial lumbar pain with right buttock discomfort. He had previously recommended epidurals but they were declined and in his mind he thought that was unjustified. The patient has been treated with Toradol injections, ibuprofen, and soma. She additionally has been on Cymbalta, Buspar, Risperidone, for severe depression which she states occurred after her injury. The patient has conveyed that she would like to proceed with surgery. The purpose of this Outside Medical Review is to determine if a bilateral L5 epidural is justified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 epidural steroid injection under fluoroscopy guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, criteria for the use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The current guidelines from the MTUS state that lumbosacral Epidural Steroid Injections (ESIs) can offer short term pain relief between 2-6 weeks. For diagnosis purposes, no more than 2 ESI's can be approved at a time. If the first injection offers only partial success, a second injection can be obtained. A third or more injection is rarely helpful. The criterion for receiving these ESI's is that the patient should have clear-cut radiculopathy by exam, imaging and/or Electrodiagnostic testing. Furthermore, the criteria for receiving ongoing therapeutic ESIs should be based on continued objective documented pain and functional improvement, including at least 50% relief with an associated reduction of medication use for 6-8 weeks; there is a general recommendation that no more than 4 blocks per region per year should be performed. This patient does not meet the above criteria for obtaining a lumbar epidural. The physician clearly stated that her pain was more from axial disease and not from radiculopathy. Additionally, her MRI does not show evidence of a herniated disk. For these reasons a lumbar epidural is deemed not medically necessary.