

<b>Case Number:</b>	CM14-0144039		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/16/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 47-year-old female who reported an injury on 01/16/2003. The mechanism of injury was lifting. The injured worker underwent a lumbar fusion of L3 through S1 on 12/31/2008, and a cervical fusion from C4 through C7 on 06/16/2009. The documentation of 08/21/2014 revealed the injured worker's medications included baclofen 10 mg 1 daily, bupropion tablets 100 mg, Celebrex 100 mg 1 capsule twice a day, famotidine 20 mg tablets 1 daily, ibuprofen 600 mg 1 tablet twice a day, and Voltaren gel. The injured worker underwent an MRI of the lumbar spine on 07/07/2014 revealed interbody fusion and posterior laminectomy L4-5 as well as posterior laminectomy at L5-S1. There was mild canal and moderate lateral recess and neural foraminal narrowing at L2-3 with some nerve abutment in the lateral recesses at L2-3. There was mild canal and moderate lateral recess narrowing again with nerve root abutment in the lateral recesses and some minimal interforaminal abutment on the left. There were widely decompressive surgical changes at L4-5 without canal or foraminal stenosis at L4-5. There was a focal left posterolateral disc protrusion at L5-S1 nearly abutting the descending nerve roots in the lateral recess but no definite nerve root impingement at L5-S1. The documentation of 08/21/2014 physical examination revealed the injured worker had complaints of neck pain and back pain radiating down to the bilateral legs. The motor examination revealed a depressed right biceps and triceps reflex. The ankle jerk reflexes were depressed. The sensory examination was within normal limits. The treatment plan included a lumbar epidural x3 and an EMG/Nerve Conduction Study of the bilateral lower extremities to delineate whether it was increasing damage or whether the injured worker would need additional surgery. There was no request for authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidurals:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for the treatment of radiculopathy. There should be documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostics and/or imaging studies, and there should be documentation the injured worker's pain has failed conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. The recommendation for no more than 2 epidural steroid injections, as a series of 3 is no longer supported. The clinical documentation submitted for review indicated the injured worker had ankle jerks that were depressed and the sensory examination was within normal limits. There was a lack of documentation indicating the injured worker had specific myotomal and dermatomal findings to support a level of injection. The MRI failed to indicate the injured worker had nerve impingement. There was a lack of documentation indicating the injured worker had failed conservative care. There was a lack of documentation indicting a necessity for 3 injections, as per the physician documentation the request was for lumbar epidural x 3. The level and laterality for the requested epidurals were not provided per the submitted request. Given the above, the request for lumbar epidurals is not medically necessary.