

<b>Case Number:</b>	CM14-0180209		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/20/1982
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Occupational Medicine 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 patient is a 65 year old female who has developed chronic spinal pain subsequent to an injury dated 9/20/82. She is described as having a post laminectomy syndrome with radiating pain diffusely into the bilateral lower extremities. Oral analgesics are documented to be beneficial. MRI scanning shows significant stenotic changes at the L4-5 foramina. No specific neurological loss is documented; no dermatomal sensory loss is documented. No consideration of a possible peripheral neuropathy is documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Transforaminal Epidural Steroid Lumbar Injection at L4-5 Bilaterally: 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 Injections, Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Epidural Injections.

**Decision rationale:** MTUS Guidelines are very specific regarding the criteria for epidural injections. In addition, ODG Guidelines provide additional information that is applicable to this patient. The Guidelines state that there should be a clear-cut clinical radiculopathy that is

consistent with dermatomal anatomy. These standards have not been met as the neuropathic pain is reported to be quite widespread from the medical subjectives that is consistent with the pain diagram. There are no physical exam findings to contradict this. In addition, ODG Guidelines state that epidural injections are generally not beneficial for post laminectomy syndromes. The ODG Guidelines also point out the each injection increases the spinal fracture risk by 21% and they should be used with extreme caution and only with a high chance of success in postmenopausal women. There is non-compliance with MTUS Guidelines and ODG Guidelines do not support the injection based on additional criteria. The request for Bilateral L4-5 Transforaminal Injections is not medically necessary.