

<b>Case Number:</b>	CM14-0183112		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/08/1992
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

The patient is a 79-year-old male who has submitted a claim for low back pain, lumbosacral spondylosis without myelopathy, chronic kidney disease, and trigger finger associated with an industrial injury date of 3/8/1992. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right gluteal area. Aggravating factors included sitting and bending over. Physical examination showed normal strength and muscle tone. Achilles reflex was diminished on the left. Sensory was intact. MRI of the lumbar spine, dated 9/22/2014, revealed multi-level mild to moderate canal stenosis with bilateral L3, L4 and L5 nerve root encroachment. Treatment to date has included physical therapy and medications. The utilization review from 9/25/2014 denied the request for epidurals for the lumbar spine x 3 because of limited documented evidence of neurologic deficits in the physical exam to warrant ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidurals for the Lumbar Spine x3: Upheld**

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

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient complained of low back pain radiating to the right gluteal area. Aggravating factors included sitting and bending over. Physical examination showed normal strength and muscle tone. Achilles reflex was diminished on the left. Sensory was intact. MRI of the lumbar spine, dated 9/22/2014, revealed multi-level mild to moderate canal stenosis with bilateral L3, L4 and L5 nerve root encroachment. Symptoms persisted despite physical therapy and medications; hence this request for ESI. However, there was no focal neurologic deficit based on the most recent physical examination. Moreover, the guideline does not recommend certification of 3 ESIs because assessment of prior injection was necessary for approval of subsequent blocks. The request also failed to specify intended level for injection. Therefore, the request for Epidurals for the Lumbar Spine x 3 is not medically necessary.