

<b>Case Number:</b>	CM14-0028875		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

Treatment to date has included medications, physical therapy, acupuncture, TENS unit, biofeedback, lumbar trigger point injections, and lumbar spine fusion surgery at L4-S1. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back and neck pain, accompanied by low back stiffness. On physical examination of the lumbar spine, there was spasm, painful and limited range of motion. Lasegue and straight leg raise tests were positive bilaterally. Motor strength was intact bilaterally. A healed surgical incision was also noted. Examination of the cervical spine revealed continued restricted range of motion with tenderness to palpation. Facet loading was positive with axial compression. An MRI of the lumbar spine with and without contrast, dated 12/1/13, revealed straightening of the lumbar spine; early disc desiccation at L3-4; surgically fused L4-5 and L5-S1; decompression laminectomy defects at L4-5 and L5-S1; interbody spacer device along with anterior fixators in L4 and S1 vertebrae noted at L4-5 and L5-S1 levels; post-surgical changes noted along the posterior subcutaneous tissue and paraspinal musculature at lower lumbar levels; nerve fibers of filum terminale are disorganized and appear clumped together within the thecal sac suggestive of arachnoiditis; no abnormal enhancement pattern; and L3-4 disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right L3 exiting nerve roots.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** 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 Section Page(s): 46.

**Decision rationale:** According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural injections are not supported in the absence of objective radiculopathy. In addition, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; initially unresponsive to conservative treatment; injections should be performed using fluoroscopy for guidance; and if used for diagnostic purposes, a maximum of two injections should be performed. In this case, although physical examination findings indicate signs of radiculopathy and an MRI of the lumbar spine revealed possible nerve root pathology, the current request failed to indicate the number of injections to be administered. The medical records also failed to indicate unresponsiveness of the patient's low back pain to conservative management. Therefore, the request for lumbar epidural steroid injection is not medically necessary.