

<b>Case Number:</b>	CM14-0096255		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/07/1993
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 12/07/1993 caused by an unspecified mechanism. The injured worker's treatment history included 5 lumbar surgeries, chiropractic treatment, pain medications, urine drug screen, MRI studies, and neuromuscular facilitation. The injured worker was evaluated on 08/22/2014, and documented the injured worker complained of mid back pain radiating to wrist, lower back pain (LBP) buttocks, and leg pain. The injured worker stated she also had numbness to her bilateral legs and right toe numbness. The physical examination of the lumbar spine revealed paravertebral muscle spasms, bilateral lumbar to mid thoracic with tenderness. The injured worker has had 5 back surgeries. There was decreased LROM in extension, and left lateral flexion and bilateral rotation. Straight leg raise was positive bilaterally. Diagnoses included post laminectomy syndrome, lumbar, lumbosacral neuritis/radiculitis, pelvic subluxation/segmental dysfunction, and pelvic and thigh pain. A request for authorization was not submitted for this review. It was documented the injured worker was approved for lumbar epidurals in 07/2013 with no response/outcome reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural L4-5, L5-SI with IV sedation left side, times 2:** Upheld

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

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). In addition, the provider stated the injured worker has undergone previous epidural steroid injections; however, previous outcome measures were not submitted for review. Given the above, the request for L4-5, L5-S1 with IV sedation left side, times 2 is not medically necessary.