

<b>Case Number:</b>	CM14-0212868		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 50 year old female who was injured on 6/8/2012. The diagnoses are lumbar degenerative disc disease, lumbar radiculopathy and low back pain. There are associated diagnoses of insomnia, headache and anxiety. A 2012 EMG/NCV showed L5 and S1 radiculopathy. The 2013 MRI of the lumbar spine showed multilevel disc bulge, annular fissure and compression fracture of T12. The patient completed PT, the use of TENS unit and home exercise program. The 6/27/2014 lumbar epidural injection resulted in 20-50% overall improvement in symptoms for 3 days. On 11/3/2014, [REDACTED] / [REDACTED] noted subjective complaint of low back pain radiating down to bilateral lower extremities. There were associated numbness, tingling and weakness of the lower extremities. The pain score was rated at 6-8/10 on a 0 to 10 scale. There was limitation of ADL. The objective findings were decreased range of motion and tenderness to palpation of the lumbar spine, decreased sensation at the L5-S1 dermatomes, decreased muscle strength and positive straight leg raising tests. The medications listed are Celexa, Hydrocodone, Trazodone. A Utilization Review determination was rendered on 11/21/2014 recommending non certification for bilateral L5-S1 lumbar epidural steroid injection using fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 lumbar epidural injection using fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Pain. Epidural Injections. Mental illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be repeated for the treatment of lumbar radiculopathy if there was documentation of significant beneficial effects of at least 50-80% reduction in pain, improvement in physical activities and reduction in medications utilization of at least 8 weeks following the previous epidural injection. The guidelines noted that patients with significant psychosomatic symptoms exhibit decreased efficacy with interventional pain procedures. The records show that the patient did have subjective and objective findings consistent with lumbar radiculopathy. The records did not show significant response following the previous lumbar epidural steroid injection. The MRI did not show nerve root entrapment. There are significant co-existing psychosomatic conditions that are contributory to the chronic pain symptomatology. The criteria for bilateral L5-S1 lumbar epidural steroid injections using fluoroscopy were not met.