

<b>Case Number:</b>	CM15-0067647		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 injured worker is a 53 year old male with an industrial injury dated 08/05/2012. His diagnosis includes chronic pain syndrome, lumbago, status post lateral lumbar fusion at lumbar 3-4; right quadriceps knee pain, tendonitis; right elbow pain, left ankle pain, anxiety and depression and symptoms related to medications. Prior treatments include epidural steroid injections, physical therapy, facet injections, radio frequency ablation, cognitive behavioral therapy, acupuncture, TENS unit and medications. Additionally he has seen a psychological counselor and is followed for his anxiety and depression. He presents on 03/24/2015 with complaints of low back pain and iliac crest region. He also reports intermittent numbness and tingling in his right calf, which he stated was somewhat new. Physical exam revealed tenderness to palpation over the lumbar paraspinous muscles and left knee. There was decreased range of motion in all planes of the lumbar spine. The plan of treatment included follow up on the status of a knee brace, referral to knee specialist and lumbar epidural injection. Included in the plan are medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L1-L2 Interlaminar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**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.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records did not show objective findings, radiological findings or positive provocative tests consistent with the diagnosis of exacerbation of L1-L2 lumbar radiculopathy. There is no documentation of significant pain relief, reduction in medications utilization and functional restoration following previous lumbar epidural injections. The presence of significant psychosomatic disorders is associated with decrease efficacy of interventional pain injections and surgeries. The lumbar surgery of completed in November 2014 but there was no associated reduction in symptoms. The criteria for the use of L1-L2 lumbar epidural steroid injection were not met, therefore not medically necessary.