

<b>Case Number:</b>	CM13-0003501		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old male who reported an injury on 04/06/2013 secondary to lifting a box. The injured worker complained of pain to the lower back that radiated into the right leg. He rated his pain as 7 on a 0 to 10 scale. Physical examination on 07/22/2013 revealed no tenderness to the lumbar spine, extension of 25 degrees, flexion of 60 degrees, and side bend (right and left) of 25 degrees. His neurological evaluation was normal. An MRI of the lumbar spine performed on 05/21/2013 showed mild disc desiccation with a slight decrease in disc height, a 2 mm diffuse posterior bulge at L3-4, minimal decrease in disc height, a 5 to 6 mm focal central/slightly right paracentral protrusion/extrusion compressing the thecal sac along with a thickening of ligamentum flavum contributing to mild to moderate central spinal canal stenosis at L4-L5. The injured worker had diagnoses of intervertebral lumbar disc disorder with myelopathy to the lumbar region and lumbar sprain. He had past treatments of an epidural steroid injection on 06/25/2013 with no relief, physical therapy, as well as oral medications. The injured worker was taking Vicodin 5/500 mg tablets and Ultram 50 mg. The treatment plan is for an epidural block injection number 2. The Request for Authorization form was signed and dated 06/03/2013. There is no rationale for the request for epidural block injection number 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7/9/13 Epidural Block Injection #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for an epidural block injection number 2 is not medically necessary. The injured worker complained of pain to the lower back radiating into the right leg. He had past treatments of an epidural steroid injection on 06/25/2013 with no relief, physical therapy, as well as oral medications. The California MTUS chronic pain medical treatment guidelines for epidural steroid injections (ESI's) states ESI's are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and in the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. The injured worker reported no relief from the initial injection. Therefore, the request for epidural block injection number 2 is not medically necessary.