

<b>Case Number:</b>	CM13-0007488		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/18/2008
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 57-year-old male with date of injury on 07/18/2008. The progress report dated 06/27/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Lumbago, (2) Lumbar radiculitis, (3) Degeneration of lumbar or lumbosacral intervertebral disk, (4) Spinal stenosis, lumbar region, without neurogenic claudication, inguinal hernia without mention of obstruction or gangrene, unilateral or unspecified, chronic pain syndrome. The patient continues to present with back pain. It was noted that the patient had undergone a second lumbar epidural steroid injection over 3 months ago. The patient reported that it helped but did not see a significant reduction in pain as the first one. The patient reported 70 to 80% improvement on the first injection. The date of this injection was not mentioned; however, review of the records indicates the patient had lumbar epidural steroid injection on 10/08/2012. Exam findings included 5/5 lower extremity strength on the left and a 5-/5 on the right due to apprehension of pain. Sensation is intact and equal. There is tenderness over the paraspinal muscles. Straight leg raise is negative. A repeat lumbar ESI interlaminar L5-S1 was requested. The utilization review letter dated 07/08/2013 issued non-certification of this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inject spine Lumbar/Sacral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** The patient continues to present with low back pain with radicular symptoms into the right lower extremity. The progress report dated 06/27/2013 indicates that the physical exam findings did not provide evidence of radiculopathy. Upon further review of the records, the progress reports dated 08/07/2013 and 11/11/2013 indicates that the patient had positive straight leg raise on the right. The treating physician indicates the patient's first epidural steroid injection was successful in reducing the patient's symptoms by 70 to 80% and allowed the patient to return to full duty. However, the second injection which was approximately 3 months prior to the request did not provide as much relief. It was not documented the percentage of improvement that was provided by the second injection or by how long either of the injections lasted. MTUS Guidelines page 46 and 47 regarding epidural steroid injections indicate that 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 6 to 8 weeks. The treating physician did not provide adequate documentation of pain relief of at least 50% with associated reduction of medication use for 6 to 8 weeks following the second injection. Therefore, recommendation is for denial.

**Flouroguide for spine inject:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** The patient continues to present with low back pain with radicular symptoms into the right lower extremity. The progress report dated 06/27/2013 indicates that the physical exam findings did not provide evidence of radiculopathy. Upon further review of the records, the progress reports dated 08/07/2013 and 11/11/2013 indicates that the patient had positive straight leg raise on the right. The treating physician indicates the patient's first epidural steroid injection was successful in reducing the patient's symptoms by 70 to 80% and allowed the patient to return to full duty. However, the second injection which was approximately 3 months prior to the request did not provide as much relief. It was not documented the percentage of improvement that was provided by the second injection or by how long either of the injections lasted. MTUS Guidelines page 46 and 47 regarding epidural steroid injections indicate that 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 6 to 8 weeks. The treating physician did not provide adequate documentation of pain relief of at least 50% with associated reduction of medication use for 6 to 8 weeks following the second injection. Therefore, recommendation is for denial.

**Sedation, IV/IM or inhalant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The patient continues to present with low back pain with radicular symptoms into the right lower extremity. The progress report dated 06/27/2013 indicates that the physical exam findings did not provide evidence of radiculopathy. Upon further review of the records, the progress reports dated 08/07/2013 and 11/11/2013 indicates that the patient had positive straight leg raise on the right. The treating physician indicates the patient's first epidural steroid injection was successful in reducing the patient's symptoms by 70 to 80% and allowed the patient to return to full duty. However, the second injection which was approximately 3 months prior to the request did not provide as much relief. It was not documented the percentage of improvement that was provided by the second injection or by how long either of the injections lasted. MTUS Guidelines page 46 and 47 regarding epidural steroid injections indicate that 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 6 to 8 weeks. The treating physician did not provide adequate documentation of pain relief of at least 50% with associated reduction of medication use for 6 to 8 weeks. Sedation is meant for the epidural steroid injection procedure which has been issued a denial. Therefore, recommendation is for denial.