

<b>Case Number:</b>	CM13-0016376		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	08/28/2004
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Internal Medicine, Pulmonary Diseases 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 39 year old male who reported an injury on 08/28/2004. The mechanism of injury was not provided. It is unclear what kind of conservative treatment the patient received after the initial injury, but more recently he has had a n epidural steroid injection at L3-L4 bilaterally, an unofficial EMG/NCV with no results included, fusion of L4-L5, and a medication regime which the patient states is effective. The patient states his pain is intermittent and ranges from 3-6/10 on the VAS scale. The last clinical note dated 08/22/2013 noted that on physical examination, the patient had no difficulties walking, squatting, performing tasks, and transferring. His motor strength was 5/5 throughout except a reduced right grip 4/5. His sensory exam was intact with the exception of the medial right hand, and reflexes were normal. There was no information on the range of motion of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, between 7/23/2013 and 10/7/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of chronic low back pain; however, there is no evidence to suggest a benefit beyond NSAID use. Soma in particular, is not recommended, and tapering should be individualized. As such, the request for Soma 350mg from 07/23/2013-10/07/2013 is non-certified.

**One epidural steroid injection at L3-L4 bilaterally between 7/23/2013 and 10/7/2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option to treat radicular pain that is corroborated by imaging and/or electro diagnostic studies. Guidelines also state that the radiculopathy must be unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants, and repeat injections should only occur if there was documentation of at least 50% pain relief accompanied by reduction in medication use for 6-8 weeks. In the medical records provided for review, there was no objective documentation showing a decrease in pain levels using a VAS scale to support an overall improvement of pain of at least 50% over 6-8 weeks. There is also no documentation of decreased medication use over the 6-8 week period. Therefore, the request for a repeat epidural steroid injection to L3-L4 is non-certified.