

<b>Case Number:</b>	CM13-0038448		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 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 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 patient is a 67-year-old male with date of injury of 02/17/2006. The listed diagnoses per [REDACTED] dated 08/13/2013 are degenerative disk disease, lumbar and failed back surgery syndrome. According to the report, the patient complains of low back pain and right lower extremity pain. He rates his pain 4/10 in the pain scale. He describes his pain as constant in duration. The patient also states that the pain is sharp and hot that is made worse with sitting, standing, bending, or lying on the right side of his back. It is somewhat relieved with medications. He has difficulty sleeping at night secondary to pain. He recently underwent lumbar epidural steroid injection on 12/13/2012, 02/06/2013, and 06/17/2013. With each procedure, he obtained quick relief until the time of the next injection. The physical exam shows there is a well-healed scar virtually along the entire lumbar spine. His gait is ataxic and antalgic. Toe to heel ambulation is deferred. There is tenderness in the mid portion of the lumbar spine. Straight leg raise is negative bilaterally. Faber's test is negative bilaterally. Sensory exam is intact. The utilization review denied the request on 09/03/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#4 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION  
BILATERALLY AT L3-4 AND L4-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46, 47.

**Decision rationale:** This patient presents with chronic back pain. The provider is requesting lumbar transforaminal epidural steroid injection bilaterally at L3-L4 and L4-L5. The California MTUS Guidelines page 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In addition in the therapeutic phase, repeat block 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 with a general recommendation of no more than 4 blocks per region per year. Furthermore, no more than 2 nerve root levels should be injected using transforaminal blocks. The MRI report of the lumbar spine dated 10/13/2012 shows mild bilateral foraminal stenosis with mild canal stenosis at L3-L4 and L4-L5. The report dated 08/13/2013 notes that the patient has had injections on 12/13/12, 2/6/13 and 6/17/13 obtaining good relief. The provider has asked for repeat injection stating that the patient's back pain has gotten worse. The provider does not quantify reduction of pain and medication reduction along. The review of progress reports show no evidence of medication reduction. Furthermore, radiculopathy is not clearly documented with MRI showing minimal findings, no examination that suggest nerve root problems. Therefore the request is not medically necessary.

**ADJUSTABLE BED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, Hospital Bed.

**Decision rationale:** This patient presents with chronic back pain. The provider is requesting an adjustable bed. California MTUS, ACOEM and ODG do not discuss adjustable beds. The Aetna Guidelines on hospital beds require the patient's condition require positioning of the body, head of the bed elevated more than 30 degrees most of the time, and requires special attachment. Per progress report dated 08/13/2013, the provider would like the patient to have an adjustable bed as the patient has been sleeping on a recliner. There is no medical evidence that this patient requires an adjustable bed. Repositioning is possible with recliner or use of pillows. Therefore the request is not medically necessary.