

<b>Case Number:</b>	CM13-0046403		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Spine Surgery and is licensed to practice in New York. 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 51-year-old female with a day of injury of August 14, 2003. The patient complains of chronic low back pain and left lower extremity pain. Her symptoms started while performing her duties as a city bus driver. The patient had lumbar laminectomy in August 2014. The patient had continued symptoms and she then had lumbar artificial disc replacement at L5-S1 in 2005. She then had a fusion of L5-S1 in 2006. In 2008 she had a posterior fusion at L4-5. The patient continues to have symptoms of chronic low back pain. The patient has been followed in pain management. She currently takes Norco, Cymbalta, and ibuprofen. She has not had a recent trial of physical therapy. On physical examination she has reduced range of lumbar motion secondary to pain and guarding. Motor examination shows 4/5 left hip flexion, knee extension, dorsiflexion, plantar flexion and EHL. Right side has 4+ over 5 right hip flexion, knee extension, dorsiflexion and plantar flexion. Clonus is not present, patient is hyporeflexic symmetrically. Sensation is intact to light touch bilateral lower extremities MRI the lumbar spine from May 2013 reveals interbody fusion at L4-5, disc prosthesis at L5-S1 with components in good position. There is no significant central or lateral recess stenosis on the MRI. At issue is whether injection therapy is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left-sided epidural steroid injection L3-L4 and L4-5:** Upheld

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

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

**Decision rationale:** This patient does not meet established criteria for epidural steroid injection. Specifically, the patient's MRI imaging study does not demonstrate any areas of significant neurocompression. In addition, the patient's physical examination does not demonstrate specific lumbar radiculopathy related to nerve root compression that is correlated with imaging studies. In the absence of physical exam findings of radiculopathy with corresponding neural compression on imaging studies, the patient does not meet established criteria for epidural steroid injection. The patient has had multiple lumbar surgeries. There is no documentation of a functional restoration program in the medical records. The patient has not had a recent trial and failure physical therapy. In this case, established criteria for epidural steroid injection the lumbar spine are not met.

**Periarticular facet block L3-L4, L4-5:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**Decision rationale:** This patient does not meet established criteria for facet blocks at L3-4 and L4-5. Specifically, the patient has complaints of bilateral leg pain which suggest radicular complaints in the legs. The patient does not have imaging studies that demonstrate degeneration of the facet joints in those levels. The patient also has fusion surgery at L4-5 with documented fusion. There is no documentation that the patient has had a recent trial and failure physical therapy for the treatment of chronic back pain. Established criteria for facet periarticular blocks are not met. The reason the criteria are not met is because the patient has had previous fusion that is documented L4-5, and the patient has documented radicular complaints of pain in the legs. Also, there is not recently documented trial of failure physical therapy and no evidence of the patient is a functional restoration program for the treatment of chronic low back pain. This patient has multiple lumbar surgeries with chronic low back pain. Criteria for facet blocks are not met.