

<b>Case Number:</b>	CM13-0046515		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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, and is licensed to practice in Illinois. 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 58-year-old female who reported a work-related injury on 10/02/2003, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: L4-5 retrolisthesis; L5-S1 spondylosis, unstable; status post ALDF at the L4-S1 as of 10/09/2012; and possible nonunion LRS at L4-S1. The clinical note dated 12/04/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient reported that her pain was better. The provider documented that the patient had undergone 1 epidural steroid injection, which was helpful. The provider documented that the patient had pain to the bilateral lower extremities, left greater than right. The provider documented normal reflex, sensory and power testing to the bilateral upper and lower extremities upon physical exam. Straight leg raise and bowstring were both negative bilaterally. The provider documented that lumbar spine range of motion was decreased by 20%. The provider recommended a refill of the patient's medication regimen, to include Prilosec, Fexmid and Ultram, as well as a repeat lumbar epidural steroid injection times 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI x 1:** 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.

**Decision rationale:** The current request is not supported. The California MTUS indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no official imaging submitted for review of the patient's lumbar spine. In addition, the California MTUS states 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 an associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than four (4) blocks per region per year. The clinical notes failed to evidence a quantifiable efficacy of the patient's utilization of prior epidural steroid injections for her lumbar spine pain complaints. Given all of the above, the request for a lumbar ESI times 1 is not medically necessary or appropriate