

<b>Case Number:</b>	CM13-0047401		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 has submitted a claim for lumbar strain with myofascial pain and bilateral L5 pars defect with Grade 1 anterolisthesis associated with an industrial injury date of 06/19/2012. Treatment to date has included chiropractic care for six sessions, acupuncture for 8 sessions, physical therapy for 12 visits, L5-S1 interlaminar epidural steroid injection on 3/12/2014, and medications including Norflex, Flexeril and Ultram. Medical records from 2013 to 2014 were reviewed showing that patient has been complaining of chronic back pain with radiation to the right lower extremity graded 8/10 described as knife-like. Pain is aggravated upon sitting, twisting and standing for prolonged period of time. Medications and walking partially alleviated his symptoms. The patient denies incontinence and reported that he can drive, shop and do light housework. Physical examination showed tenderness along the paralumbar muscles, iliolumbar and sacroiliac regions. Spinal curve was normal. Lumbar flexion was limited at 35 degrees, extension at 10 degrees, and lateral flexion to 25 degrees bilaterally due to pain. Trunk lateral rotation was full range, however with presence of pain. Motor strength was 5/5 at all extremities. Reflexes were normal at both knees and Grade 1+ at both ankles. Straight leg raising on the right side elicited pain that radiated down the distal calf. Some mild paresthesias were reported on light touch along the right lateral calf. Gait was mildly antalgic. MRI of the lumbar spine, dated 05/28/2013, revealed L5-S1 bilateral spondylosis and minimal L5 anterolisthesis and an L4-L5 facet hypertrophy and a very small disk bulge at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 Interlaminar epidural injection under fluroscopic guidance:** 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): 46.

**Decision rationale:** As stated in page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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 six to eight weeks. In this case, the patient already received L5-S1 interlaminar epidural steroid injection previously on 3/12/2014. However, there was no evidence of improved pain and performance of activities of daily living, or any reduction in dependence on medical treatment associated with this procedure. Therefore, the request for right L5-S1 interlaminar epidural injection under fluoroscopic guidance is not medically necessary.