

<b>Case Number:</b>	CM13-0056204		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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:

This is a 45-year-old male patient with a date of injury of 03/11/2010; the mechanism of injury was that the patient was picking up pieces of tree trunks weighing between 50 to 80 pounds and developed pain with a cracking sensation in his low back. Diagnoses lumbar degenerative disc disease and lumbar radiculopathy in the bilateral lower extremities, left greater than right. MRI on 03/25/2013 revealed right paracentral disc protrusion at L4-5 with moderate central stenosis. At L5-S1 a 4 mm focal left paracentral disc protrusion slightly abuts the left S1 nerve root. Pain management report of 09/06/2013 noted last epidural injections were on 07/01/2013 and reportedly there was continued relief with improved range of motion and increased activity for more than 8 weeks, greater than 50% of relief at the time. The patient continued with physical therapy with benefit. Medication was Vicodin and was prescribed as needed. Subjectively the patient had complained of low back pain radiating down bilateral lower extremities and on physical exam diminished ankle jerk reflex on the left at 1+ normal on the right at 2+. Intact motor strength and decreased sensation in the L5-S1 distributions bilaterally, left much greater than right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The Physician Reviewer's decision rationale: The CA MTUS Guidelines state "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The request for the repeat lumbar epidural steroid injection is non-certified. On a follow-up evaluation dated 12/06/2013, the patient reportedly continued to have good relief from the last lumbar steroid injection and it was determined by the treating physician that the patient was doing well with his radiculopathy and that a repeat injection would not be indicated. The patient continued to participate in physical therapy and was following a home exercise program. The last epidural injection provided greater than 60% relief and the patient is able to do a great deal of activity. The documentation submitted for review indicates that the patient does not have any significant functional and neurological deficits nor was there any evidence to support the injection. In addition, the patient continued with physical therapy as well as a home exercise program which was of benefit. As such, the request is non-certified.