

<b>Case Number:</b>	CM13-0057038		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/04/2009
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 37-year-old male who reported an injury on 02/04/2009 after lifting a heavy box that weighed approximately 95 pounds which reportedly caused injury to the patient's low back. The patient ultimately underwent posterior and anterior fusion at the L5-S1. The patient was treated post-surgically with medications, physical therapy and epidural steroid injections. The patient most recently underwent an epidural steroid injection in 05/2013 with 60% improvement in symptoms documented. It was noted that the patient had a decrease in pain and an increase in range of motion at the lumbar spine secondary to the epidural steroid injection. The patient participated in a course of physical therapy after the L5-S1 injection. MRI (magnetic resonance imaging) of the patient's lumbar spine revealed evidence of effusion at the L5-S1 with mild degenerative discopathy at the L3-4 and L4-5 with no evidence of neural impingement. The patient's most recent clinical examination findings documented that the patient had 8/10 low back pain. Physical findings included positive stress test upon flexion and extension of the lumbar spine, numbness and tingling to the bilateral lower extremities. The patient's treatment plan included continuation of medications, physical therapy, and an epidural steroid injection of Kenalog to the L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection of Kenalog to L4-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings upon examination that are corroborated by an imaging study that have failed to respond to conservative treatments. Additionally, repeat epidural steroid injections should be based on at least 50% pain relief for 6 to 8 weeks with documentation of functional improvement. The clinical documentation submitted for review does provide evidence that the patient had previously received an epidural steroid injection at the L5-S1 that provided 60% pain relief and an increase in lumbar range of motion. However, the duration of those improvements was not documented in the paperwork. Additionally, the request includes injection at the L4-5 levels. The clinical documentation submitted for review does not provide any objective clinical findings of radiculopathy in the L4-5 dermatomes. The clinical documentation did include an MRI of the lumbar spine that did not provide any evidence of nerve root pathology at the L4-5 level. Therefore, an epidural steroid injection of Kenalog to L4-S1 is not medically necessary or appropriate.