

<b>Case Number:</b>	CM13-0059858		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in Pain Medicine, 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 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 45 year old male who was injured on 11/18/2009. He was on the top of scaffold planks trying to come down and stepped on some bars that support the scaffolding and he fell from four feet high, landing on his feet. Prior treatment history has included: 03/13/2013: The patient had a L5-S1 interlaminar epidural steroid. 06/13/2011: Left L4 selective epidural steroid injection and left L5 selective epidural steroid injection. 07/22/2013: chiropractic treatment and epidural steroid injection 08/16/2011: L5-S1 interlaminar epidural steroid injection. 02/15/2013 Medications include: Tramadol (Ultram) 50 mg tab, 1-2 tabs pot id qid prn pain, max 6 a day Naproxen sodium (Anaprox) 550 mg tab, 1 tab po qd bid prn Lido-Capsaicin-Men-Methyl Sal (Terocin) 2.5-0.025/10-25% LOTN, apply 2 mL externally twice daily Baclofen (Lioresal) 10 mg tab, 1-2 tabs po bid prn 03/30/2013 Medications include: Tramadol (Ultram) 50 mg tab, 1-2 tabs pot id qid prn pain, max 6 a day Naproxen sodium (Anaprox) 550 mg tab, 1 tab po qd bid prn Lido-Capsaicin-Men-Methyl Sal (Terocin) 2.5-0.025/10-25% LOTN, apply 2 mL externally twice daily Baclofen (Lioresal) 10 mg tab, 1-2 tabs po bid prn 04/15/2013 Medications include: Tramadol (Ultram) 50 mg tab, 1-2 tabs pot id qid prn pain, max 6 a day Naproxen sodium (Anaprox) 550 mg tab, 1 tab po qd bid prn Lido-Capsaicin-Men-Methyl Sal (Terocin) 2.5-0.025/10-25% LOTN, apply 2 mL externally twice daily Baclofen (Lioresal) 10 mg tab , 1-2 tabs po bid prn 06/27/2013 Medications include: Tramadol (Ultram) 50 mg tab, 1-2 tabs pot id qid prn pain, max 6 a day Naproxen sodium (Anaprox) 550 mg tab, 1 tab po qd bid prn Lido-Capsaicin-Men-Methyl Sal (Terocin) 2.5-0.025/10-25% LOTN, apply 2 mL externally twice daily Baclofen (Lioresal) 10 mg tab , 1-2 tabs po bid prn 09/25/2013 Medications include: Tramadol (Ultram) 50 mg tab, 1-2 tabs pot id qid prn pain, max 6 a day Naproxen sodium (Anaprox) 550 mg tab, 1 tab po qd bid prn Lido-Capsaicin-Men-Methyl Sal (Terocin) 2.5-

0.025/10-25% LOTN, apply 2 mL externally twice daily Baclofen (Lioresal) 10 mg tab, 1-2 tabs po bid prn 12/04/2013 Medicatons include: Tramadol (Ultram) 50 mg tab, 1-2 tabs pot id qid prn pain, max 6 a day Naproxen sodium (Anaprox) 550 mg tab, 1 tab po qd bid prn Lido-Capsaicin-Men-Methyl Sal (Terocin) 2.5-0.025/10-25% LOTN, apply 2 mL externally twice daily Baclofen (Lioresal) 10 mg tab, 1-2 tabs po bid prn 01/02/2014 Medications include: Tramadol (Ultram) 50 mg tab, 1-2 tabs pot id qid prn pain, max 6 a day Naproxen sodium (Anaprox) 550 mg tab, 1 tab po qd bid prn Diagnostic studies reviewed include electrodiagnostic studies performed 05/11/2011 revealed evidence of chronic left L4-L5 radiculitis. Consultation note dated 10/12/2011 indicated the patient felt better for a day or two after the 08/16/2011 epidural, but then pain returned and was even worse than before the injection. After a week, the pain settled and he was back to baseline. PR note dated 02/15/2013 documented the patient rated his pain at 8-9/10 on a VAS without medications and 7-8/10 with medication. PR note dated 03/30/2013 documented the patient's pain was better with medications. He rated his pain at 8-9/10 on a VAS without medications and 7-8/10 with medication. PR note dated 04/15/2013 documented the patient rated his pain at 8-9/10 on a VAS without medications and 7-8/10 with medication. PR note dated 06/27/2013 documented the patient rated his pain at 8-9/10 on a VAS without medications and 7-8/10 with medication. He was tender to palpation of lumbar paraspinal muscles bilaterally. SLR and DTRs were 2+ bilaterally. PR note dated 09/26/2013 documented the patient rated his pain at 8-9/10 on a VAS without medications and 7-8/10 with medication. His pain was unchanged. PR note dated 12/04/2013 documented the patient rated his pain at 8-9/10 on a VAS without medications and 7-8/10 with medication

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**L5-S1 interlaminar epidural steroid injection under fluoroscopic guidance with conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** According to the MTUS guidelines, "the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The records provided do not indicate a regimen that would be considered an active program. The guidelines further indicate that the use of ESI's should be based on continued objective findings of decreased pain and increased functional improvement. The employee is noted to have the same physical examination before and after the last two ESI's. In addition, he did not reduce his pain medications during this time, indicating the ESI's were not as effective.