

<b>Case Number:</b>	CM13-0064394		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine and 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 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 is a 38 year old male who injured his back on 05/01/2013 while he was unloading a truck. Prior treatment history has included six chiropractic sessions, Tramadol, Tizanidine, Motrin and physical therapy which he stated was not helping. The patient underwent a right L4-5 foraminal epidural steroid injection on 10/24/2013. Diagnostic studies reviewed include MRI of L3-4, and L4-5 dated 07/02/2013 revealed a 6 mm disc with stenosis. Progress note dated 11/11/2013 indicated the patient presented with complaints of frequent moderate pain in the back and down bilateral legs, over all felt he was not improving. He reported tightness and radiating leg spasm. He did have pending chiropractic sessions. Objective findings on exam revealed flexion at 60 degrees. There was tenderness to palpation over the paravertebral in lumbar area. There were no distal sensory/motor changes. DTRs equal bilaterally at patella and Achilles. Strength in the feet and legs tested by resisted extensions were equal but weak bilaterally; modified straight leg raise to 60 degrees gets bilateral L3-4 neurologic changes. The patient was diagnosed with lumbar strain and lower extremity radiculopathy. Progress note dated 10/28/2013 reported the patient with complaints of low back pain which was unchanged. The pain started from low back and occasionally radiated to left lower extremity. He denied lose control of bowel or bladder. He denied numbness and tingling. He felt the LESI he received may have helped a little bit by decreasing the intensity of pain from 3-4/10 to 2-3/10. Objective findings on exam revealed moderate tenderness to palpation of the paravertebral muscles bilaterally of the lumbar region. There was no bony tenderness. There was moderate spasm. Range of motion was diminished secondary to pain and straight leg raise was negative. The patient was diagnosed with lumbar strain, degenerative disk disease of the lumbar spine. The patient was prescribed ibuprofen, Norco, and Tizanidine. It was suggested that the patient's care is transferred to Orthopedics.

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

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

### **LUMBAR EPIDURAL STEROID INJECTION AT L4-L5: 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 (ESIs) Page(s): 46.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend 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 the medical records document the patient had a LESI at L4-5 on 10/24/2013. In a progress note dated 11/11/2013, it was documented that the patient still had moderate frequent pain in the low back and down both legs. Overall he was not improving per the Progress Note. Based on the lack of improvement with the initial ESI and continued use of medications, the request is not medically necessary.