

<b>Case Number:</b>	CM13-0064670		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Occupational Medicine, has a subspecialty in Preventative 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 claimant injured his low back on 06/14/05 when he slipped and fell on stairs. A lumbar epidural steroid injection at level L3-4 has been recommended and is under review. On 02/28/13, he saw [REDACTED] and still complained of constant low back pain and moderate to severe left sciatic pain with pain and numbness radiating to the toes. His pain increased with activity and his ADLs were severely limited. He was status post conservative care and injections, including trigger point injections, and he also had a transcutaneous disc decompression procedure. He had a lumbar ESI during the previous year and had decreased pain for two weeks. Two QMEs agreed that he needed back surgery. On 01/06/09, he underwent PLIF and laminectomy/discectomy. He is postop removal of hardware and exploration of the fusion and possible repeat fusion on 01/26/11. Lumbar ESI was done on 03/06/12 (the level injected is not clear). He was taking a number of medications. He was in NAD and had a left side limp. He had low back spasm and tenderness with markedly diminished ROM and positive SLRs bilaterally, greater on the left. He had weakness of left EHL and quadriceps. DTRs were symmetric and he had decreased sensation on the left posterolateral thigh and calf. Lumbar spine MRI revealed postop changes, a disc protrusion at L3-4 that was stable with no nerve impingement. Other changes were stable. He was diagnosed with postlaminectomy syndrome and radiculitis with disc disease. He received trigger point injections that day and his last epidural was around March 2012 which gave him 50% relief for up to 12 weeks. A repeat left TF ESI at L4-5 was recommended. An ESI was scheduled on 04/23/13 with [REDACTED] according to a note by [REDACTED] the same day. Physical Therapy (PT) began on 05/03/13 and he had a recent Epidural Steroid Injection that gave him some relief. His pain averaged level 5 and was 8/10 on that day. He saw [REDACTED] on 06/07/13 and his symptoms were the same as on 02/28/13. A spinal cord stimulator was recommended. On 07/12/13, [REDACTED] stated the ESI gave him mild relief of his pain and he

attended 2 PT visits with considerable relief in pain but his pain had returned. He received Trigger Point Injections and PT was ordered along with a spinal cord stimulator. More ESIs were recommended as the SCS was not approved. On 09/16/13, a CT scan was ordered. It was done on 10/10/13 and it showed mild spinal canal stenosis at L3-4 from a posterior bulging disc. On 10/31/13, his findings were the same. A lumbar ESI at level L3-4 was recommended. On 12/05/13, he saw [REDACTED] and the note states that PT gave him the most relief. PT, ESI, SCS, and trigger point injections were ordered.

### **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 L3-L4: Upheld**

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of functional improvement and analgesia with earlier blocks. In this case, the applicant has had, at the end, two prior epidural steroid injections. The applicant does not appear to have demonstrated functional improvement with the earlier blocks. The applicant remains highly reliant on various other forms of medical treatment, including trigger point injections, physical therapy, spinal cord stimulator, etc. The applicant is reportedly markedly constrained in terms of performance of activities of daily living. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines only support two lifelong blocks. The applicant has already had at least this number of blocks without evidence of functional improvement as defined by the parameters established in MTUS. Therefore, the request is not medically necessary and appropriate.