

<b>Case Number:</b>	CM13-0066343		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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:

Progress note dated 11/14/2013 documented the patient with complaints of chronic pain in his lumbar spine with radiation of his pain to lower extremities bilaterally, more so on the right side. His pain level is 6/10 on a Verbal Analog Pain Scale. The patient presently maintained on combination of NSAIDs, PPI and patches from [REDACTED] without any side effects. On physical examination, there is spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation with pain is noted in L4 and L5 dermatomal distributions bilaterally. Muscle strength is 4/5 on flexion and extension of the right knee against the gravity. Impression includes lumbosacral radiculopathy, and lumbar strain/sprain.

### 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 X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)..

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment 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. In this case, this patient complains of chronic lower back pain radiating to lower extremities predominantly on right side. On physical exam, there is persistent tenderness and muscle spasms, decreased sensation in L4 and L5 dermatomal distribution bilaterally with 4/5 weakness on right knee flexion and extension. The patient was diagnosed with lumbar sprain/strain and lumbosacral radiculopathy. There is documentation of failure of conservative care including pain medications and physical therapy. Thus, the medical necessity has been established for lumbar ESI; however, the request is for two lumbar ESIs and MTUS 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 request for lumbar epidural steroid injections at L4-L5, quantity 2 is not medically necessary and appropriate.