

<b>Case Number:</b>	CM13-0069716		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 an employee of [REDACTED] and has submitted a claim for lumbar sprain/strain with disc bulging and radiculopathy associated with an industrial injury date of 12/13/2013. Treatment to date has included two lumbar epidural steroid injections at L4-L5 on 10/25/2013 and 11/13/2013, 24 sessions of physical therapy, a TENS unit, acupuncture, and medications such as Soma, naproxen, Tramadol, Vicodin, tizanidine and Norco. Medical records from 2012 to 2013 were reviewed showing that patient complained of constant, chronic low back pain, worse at the right, graded 9/10 in severity. Pain was aggravated with moving around, prolonged sitting of greater than 60 minutes, standing, and walking. Temporary alleviating factors included application of heating pad, TENS unit, physical therapy and intake of medications. There were no complaints of numbness, and tingling sensation. Pain resulted to difficulty in sitting, standing, walking, restful sleeping, bathing, lifting, gripping, and grasping. Physical examination showed tenderness over the right lumbosacral junction. Range of motion of the lumbar spine was 80% of normal in flexion and extension with presence of pain at end-range. Motor strength was 5/5 at bilateral lower extremities. Deep tendon reflexes were equal and symmetric. Sensation was intact. Gait was normal without use of an assistive device. Lumbar spine X-ray, dated 11/21/2013, was normal. MRI of the lumbar spine, dated 09/20/2012, revealed a 3.1mm disc protrusion at L4-L5 which was somewhat misleading because it can be considered within normal limits. Utilization review from 12/13/2013 denied the request for 3rd L4-L5 epidural steroid injection because of lack of documentation on outcome of previous injections. There were no clinical symptoms consistent with lumbar radiculopathy, as well as inconsistent examination findings between the pain specialist and PTP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3RD L4-L5 EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Â§9792.20 - 9792.26, Page(s): 46.

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection is an option for treatment of radicular pain. Most current guidelines recommend no more than two epidural steroid injections (ESI). 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. In this case, patient underwent two lumbar epidural steroid injections at L4-L5 on 10/25/2013 and 11/13/2013. She stated that after her first injection, pain level went from 10/10 to 7-8/10; while the second injection did not help at all and the pain remained at 8/10. This does not meet the guideline recommendation of at least 50% pain relief in order to obtain additional ESI. Furthermore, the objective findings do not support the diagnosis of radiculopathy because of normal strength, reflexes and sensation of bilateral lower extremities. In addition, the employee has failed to exhibit any evidence of improved performance of activities of daily living, and failed to exhibit any reduction in dependence on medical treatment. Therefore, the request for 3rd L4-L5 epidural steroid injection is not medically necessary.