

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0004150 |                              |            |
| <b>Date Assigned:</b> | 02/03/2014   | <b>Date of Injury:</b>       | 01/13/2007 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 28-year-old male who has submitted a claim for lumbar disc protrusion, lumbar degenerative disc disease, and lumbar sprain/strain associated from an industrial injury date of 01/13/2007. Medical records from 06/03/2013 to 01/13/2014 were reviewed showing that patient complained of severe constant low back pain with radiation to his bilateral buttocks and bilateral lower extremities. The pain is aggravated by movement and relieved by lying supine. Patient has been able to ambulate for the past 9 months using a cane but not for more than a few blocks because of pain. He claimed that his last epidural steroid injection did not provide relief. Physical examination showed limited lumbar ranges of motion in all directions due to pain; positive lumbar discogenic provocative maneuvers; bilateral sacroiliitis; bilateral negative muscle stretch reflexes; and bilaterally absent clonus, Babinski's, and Hoffman's signs. Muscle strength was 5/5 in all limbs, except for 4+/5 strength in the left extensor hallucis longus, right gastrosoleus, and right tibialis anterior; and 5-/5 strength in the left gastrosoleus. Deep tendon reflexes and sensation were intact. MRI on 06/26/2013 showed L5-S1 moderate disc degeneration with 3-5mm bulge/osteophyte and central protrusion causing moderate central canal stenosis (50%) and moderate foraminal stenosis, unchanged since prior 12/23/2010 MRI; and L4-L5 mild central canal stenosis (30%) and bilateral foraminal narrowing due to broad central 3mm disc protrusion and mild facet arthropathy, unchanged. Treatment to date has included Ativan, Norco, Soma, medical marijuana, Opana, Adderall, Prozac, Seroquel, lorazepam, Kadian, Amrix, Hydrocodone, Carsiprodol, fentanyl patches, and epidural steroid injections (ESI). Utilization review from 12/12/2013 denied the request for inject spine lumbar/ sacral due to lack of an indication for an ESI ; and lack of documentation regarding the functional improvement or reduction of medication needed from past ESIs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECT SPINE LUMBAR/ SACRAL:** Upheld

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

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than two epidural steroid injections. 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 has already received two epidural steroid injections. Patient claims that his second ESI provided no relief of pain and he has since been able to ambulate only with the use of a cane. Furthermore, there was no documentation regarding the functional improvement associated with the procedure. The patient 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. Finally, the request as submitted does not indicate the specific site(s) of injection. Therefore, the request for inject spine lumbar/ sacral is not medically necessary.