

<b>Case Number:</b>	CM14-0016738		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 Physician 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 47 year old who had a work injury on 3/7/12. The diagnoses include: chronic thoracic strain status post injury dated 2/26/12, 2. Chronic lumbar strain secondary to injury dated 2/26/12, 3. lumbar spondylosis most notable at L5-S1 with annular tear most likely cause of buttock pain, 4. Rule out lumbar Instability, and 5. Longstanding history of lower back pain with a previous injury. An X-ray of the lumbar spine on 03/07/12 documented, "Minor disc narrowing L4-L5. Slight facet hypertrophy L5-S1." Magnetic Resonance Imaging (MRI) of the lumbar spine on 04/03/12 documented, "Disc desiccation with a 2-.3 mm left-sided disc protrusion noted at the L5-S1 level, which abuts but does not compress the ventral aspect of the thecal sac as well as the descending left S1 nerve root." According to the 1/7/13 Permanent and Stationary report the patient has participated in multiple non operative forms of care including physical therapy, chiropractic care, epidural steroid Injection, and medications. He has had a 50-pound weight loss. Physical therapy and chiropractic care provided no lasting relief. An epidural steroid injection worsened his pain. The provider determined that the patient had reached maximal medical improvement. A physical exam revealed that he had a negative straight leg raise bilaterally, with 0/5 Waddell sign and negative FABER sign. His neurologic evaluation revealed that on motor examination he had 5/5 hip flexion, hip abduction, hip adduction, knee extension, hamstrings, EHL, tibialis anterior and gastrocsoleus. There is normal sensation to light touch throughout bilateral lower extremities. Reflexes are 2/4 and symmetric in the quads and the Achilles. There is negative Babinski, negative Hoffman's, and negative clonus. A 1/14/14 progress report indicates that the patient continues to have the same low back pain. Occasionally he has flare-ups of low back pain that require the use of hydrocodone or Norco for more severe pain and on average he takes the Tramadol 1-2 times a. week and ibuprofen 600 mg 1-2 times a

week for his back pain when it becomes more sore. He had an epidural steroid injection over a year ago, but found no relief in his symptoms. He is interested in trying a second injection in order to see if he could come off the pain medications since he has been on these pain medications for so long and is also concerned of the long term effects. He denies any ongoing radiating leg pain, any leg numbness, tingling or weakness. He has been performing a home exercise program consisting of walking and has been walking up to two hours at a time. Physical exam reveals that there is tenderness to palpation in the low lumbosacral region. There is full range of motion of the lumbar spine. Muscle strength is 5/5 in bilateral lower extremities in all major muscle groups. Straight leg raise is negative bilaterally for any low back or leg pain. Walking gait is intact and within normal limits.

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

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

#### **EPIDURAL STEROID INJECTION AT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS (ESIs).

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

**Decision rationale:** Epidural steroid injection at L5-S1 is not medically necessary according to the MTUS guidelines. The MTUS Chronic Pain Medical Treatment Guidelines indicate that the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal radiculopathy on physical exam. Additionally the employee has had a prior ESI with no relief in the past. The MTUS guidelines indicate that repeat blocks should be based on continued objective documented pain and functional improvement. The request for an epidural steroid injection at L5-S1 is not medically necessary.