

<b>Case Number:</b>	CM14-0024500		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Orthopedic Surgery 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 injured worker is a 37-year-old gentleman who was reportedly injured on September 6, 2012. The mechanism of injury was noted as lifting plywood sheets and felt a sudden onset of low back pain. The most recent progress note dated February 11, 2014, indicated there were ongoing complaints of low back and leg pains. The physical examination demonstrated this 5'7", 170 pound individual to have tenderness to palpation and muscle spasm in the lower lumbar region. A slight decrease in lumbar range of motion was reported as straight leg raising to 70 bilaterally. Motor function was described as 5/5, and deep tendon reflexes were intact. Diagnostic imaging studies objectified presence of moderate facet arthropathy at L5-S1 and L4-L5, and disc bulges noted at L4-L5. Electrodiagnostic studies were reported to be within normal limits. No specific findings relative to a verifiable radiculopathy were reported. Previous treatment included physical therapy, medications, chiropractic care, pain management, psychiatric evaluation and other conservative measures. A request was made for surgical intervention and was not certified in the pre-authorization process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION TO L4-L5 ND L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Section, Diagnostic Epidural Steroid Injection.

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

**Decision rationale:** When considering the date of injury, the mechanism of injury (being struck by some plywood), noting the multiple interventions completed in the past, and there is no objectification of a verifiable radiculopathy on electrodiagnostic studies, and the multiple degenerative changes noted on MRI, there is insufficient clinical information presented to support this request. The standards as outlined in the MTUS require objectification of a radiculopathy prior to pursuing an epidural steroid injection. Seeing no clinical indication for this procedure, the request for Epidural Steroid Injection to L4-L5 & L5-S1 is not medically necessary.

**LIDODERM PATCHES FOR THE BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** As noted in the MTUS, the standard for the implementation of a topical preparation, such as the one requested, requires there be objectification of a neuropathic pain scenario. The MRI noted degenerative changes with no specific nerve root compromise. The electrodiagnostic assessment did not objectify any radiculopathy. As such, with the understanding that there are ongoing complaints of pain, there is no objectification of a neuropathic pain generator. As such, there is insufficient clinical information presented to support the request for Lidoderm patches for the Back, Therefore it is not medically necessary and appropriate.