

<b>Case Number:</b>	CM13-0001289		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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 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 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 51-year-old female who reported an injury on 05/12/2011. The mechanism of injury was not provided. The patient was noted to have an MRI dated 06/13/2012, which revealed the patient had no evidence of disc herniation and there was noted to be a little disc bulge on the left at L4-5. The rest of the report was of poor fax quality and illegible. The patient had complaints of low back, bilateral buttock and leg pain. The patient's physical examination revealed strength of 5/5. The diagnosis was noted to include cervical radiculitis secondary to 4 mm bulge at C4-5. The treatment plan was noted to include lumbar epidural injection to help with back and leg pain

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar steroid injection at L4-L5 bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), criteria for use.

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

**Decision rationale:** California MTUS guidelines recommend for an Epidural Steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging

studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The patient had complaints of low back, bilateral buttock and leg pain. The clinical documentation submitted for review failed to provide the patient had documented objective findings of radiculitis. The patient's strength was noted to be 5/5. There was a lack of documentation of dermatomal findings. The MRI failed to corroborate radiculopathy and there was a lack of documentation that the patient's initial conservative care had failed. Given the above and the lack of objective finding, MRI findings and failure of conservative care, the request for lumbar epidural steroid injection L4-L5 bilateral is not medically necessary.