

<b>Case Number:</b>	CM13-0001774		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 39-year-old male with a date of injury of 02/29/2012. The listed diagnosis per [REDACTED] is lumbar disk disease, multilevel. According to report dated 08/06/2013 by [REDACTED] the patient presents with low back pain with leg radiculopathy. Examination revealed tenderness to palpation of the paralumbar region. There is positive straight leg raise sign on the right. The sciatic stretch sign is negative. Range of motion is slightly decreased in all planes. The treater states the patient continues with back pain with leg radiculopathy with neurological findings of weakness in the L5-S1 nerve root distributions on the left. Recommendation is for consultation for ESI. MRI of the lumbar spine from 05/10/2013 revealed L3-L4 and L4-L5 3-mm to 4-mm disk bulges with no significant central canal stenosis. Level L5-S1 showed 3-mm to 4-mm disk bulge and mild bilateral facet atrophy causing mild bilateral lateral recess narrowing and mild bilateral neuroforaminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT FOR ESI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46, 47.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting consultation for an ESI. California MTUS Guidelines page 46 and 47 recommends ESI as an option for treatment for radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, physical examination does not describe radicular pain/paresthesia in a dermatomal distribution that correlates with the MRI findings. The provider states the patient has left leg radiculopathy with neurological findings of weakness in the L5-S1 nerve root distributions; however, the MRI finding at level L5-S1 revealed mild bilateral neuroforaminal stenosis. Given the patient does not meet the criteria for an ESI, the referral for a consultation is not necessary. Recommendation is for denial.