

<b>Case Number:</b>	CM13-0002993		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/16/2004
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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, Pain Management, 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 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 39 year old male with a date of injury 6/16/2004. The utilization review letter dated 7/22/13 is from [REDACTED], denying the 12 items requested by the attending provider. There is a 10/9/13 report from [REDACTED], an orthopedic surgeon, reporting that the patient injured his lower back on 6/16/04. Futhermore, [REDACTED] stated that the patient twisted his left leg, injuring his abdomen and low back, while working in the 6/16/04 incident. The pateint underwent surgery to correct a hernia. The 10/9/13 report states the pain is still 8/10 with numbness and tingling in both lower extremities. There is also an indication of depression. Sensory levels to pinprick and light touch are decreased over bilateral L5 dermatomes, and straight leg raise are positive bilaterally. The patient was diagnosed with lumbar herniated nucleus pulposus (HNP), radiculopathy, mood disorder, stress and sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two Lumbar epidoral injection:** Upheld

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

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

**Decision rationale:** The MTUS recommends ESI if there is radiculopathy. The first condition under MTUS guidelines states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The medical records provided for review does not include MRI reports or any discussion of the reports other than stating that the patient had MRIs studies and ESI's were discussed. A report does show sensory deficits in the L5 distribution, and the report also indicates a positive SLR, but there is no corroboration with imaging studies or electrodiagnostics. The request for a lumbar epidural injection is not medically necessary and appropriate.