

<b>Case Number:</b>	CM13-0008566		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 63-year-old male who reported a work related injury on 08/11/2010 as a result of strain to the lumbar spine. The patient presents for treatment of the following diagnoses: lumbar disc degeneration, lumbosacral sprain, myofascial pain syndrome, and lumbar thoracic radiculitis. The most recent clinical note submitted for this review is dated 07/02/2013 with an exam provided by [REDACTED]. The provider documents the patient presents for treatment of persistent lumbar spine pain which radiates down the right lower extremity with associated paresthesias. The provider documents the patient utilizes Ultram, lisinopril, lovastatin, and Neurontin. Lumbar spine range of motion was 75% of normal with associated pain elicited. Straight leg raise test elicited hamstring tightness and back pain. The patient had reflexes 2+ throughout. The provider documented the patient had a prior history of an L4-5 laminectomy and discectomy. The provider recommended the patient undergo a lumbar epidural steroid injection on the right at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection x 1 under fluoroscopic guidance right L5-S1:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes failed to provide evidence of an official imaging study of the patient's lumbar spine, the patient's recent course of treatment for his lumbar spine pain complaints, and if the patient had previously utilized injection therapy and the efficacy of treatment. Given all of the above, the request for Lumbar epidural steroid injection x 1 under fluoroscopic guidance right L5-S1 is not medically necessary or appropriate.