

<b>Case Number:</b>	CM13-0014025		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 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 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 66-year-old female who was injured on 09/23/09. Available for review is a lumbar MRI from 06/04/13 that showed disc desiccation at L4-5 and moderate degenerative changes at the facets at L3-4. There is no documentation of significant compressive pathology. A follow up of 06/26/13 with [REDACTED] indicated the claimant to be with physical examination findings showing restricted range of motion with lower extremity examination with 5/5 motor strength bilaterally and no documentation of sensory reflexive change. Given stated failed conservative care that included medications, activity modification, and therapy, a series of epidural injections for therapeutic purposes were recommended at the L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Diagnostic Phase Lumbar Epidural Steroid Injection (ESI): Upheld**

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, epidural injections in this case would not be supported. Guidelines indicate the epidural

injections need to demonstrate "radiculopathy documented by physical examination and corroborated imaging studies and/or electrodiagnostic testing." The records in this case fail to demonstrate a true radicular process with negative evaluation showing no motor sensory reflexive change and MRI imaging failing to demonstrate compressive pathology, which would warrant the requested procedure per guidelines. The lack of documentation of radiculopathy on both imaging and examination would fail to necessitate the treatment at present.