

<b>Case Number:</b>	CM13-0017180		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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, has a subspecialty in Pain Management, 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 49-year-old who reported an injury on 01/16/2011. The injury was noted to have occurred as a result of a fall. The patient's diagnoses include lumbar spine strain/sprain, lumbar spine rule out herniated nucleus pulposus, and lumbar spine degenerative disc disease. Her physical exam findings were noted to include slightly decreased motor strength to the bilateral lower extremities in ankle dorsiflexion, tibialis anterior, great toe extension, and extensor hallucis longus to 4/5. She was also noted to have diminished reflexes bilaterally and decreased sensation in the L4 and L5 dermatomes bilaterally. An MRI of the lumbar spine dated 06/24/2013 was noted to reveal moderate right and moderate to severe left neural foraminal narrowing, and moderate canal stenosis secondary to grade 1 anterolisthesis, as well as facet joint arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A bilateral epidural steroid injection at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation American Medical Association Guidelines on Radiculopathy

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination findings, and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation needs to show that the patient has been initially unresponsive to conservative treatments, including exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants. The patient was noted to have physical exam findings consistent with radiculopathy including decreased sensation and motor strength in her bilateral lower extremities; however, the MRI findings failed to show evidence of nerve root impingement at the requested level. There were no electrodiagnostic study results provided for review. Furthermore, details regarding the patient's conservative treatments were not specifically documented. As such, it is unknown whether the patient has participated in an adequate course of physical therapy, exercises, NSAIDs, and muscle relaxants. In the absence of imaging studies and/or electrodiagnostic testing results corroborating physical examination findings, and documentation of an adequate course of conservative treatment, the request for an epidural steroid injection is not supported. The request for a bilateral epidural steroid injection at L4-L5 is not medically necessary or appropriate.