

<b>Case Number:</b>	CM13-0021957		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 & Rehabilitation, 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 underlying date of injury in this case is 12/28/2012. The primary diagnosis is lumbar spinal stenosis. An initial physician review concluded that the medical records did not document complaints in a dermatomal pattern nor physical exam findings or a focal neurological deficit to support the presence of radiculopathy. An electrodiagnostic study of the lower extremities of 05/06/2013 was within normal limits. On 09/11/2013, the treating physician saw the patient in followup and also indicated he disagreed with the prior non-determination decision regarding an epidural injection. He reviewed the patient's history of the initial injury in December 2012 when she lifted a box of towels and developed immediate pain in the lower back and mid back. The treating physician notes that his prior reports noted that this patient had radiating pain in a right L5 distribution with associated numbness consistent with radiculopathy. He noted that an MRI of the lumbar spine of 04/29/2013 demonstrated moderate stenosis at L4-5 worse on the right. He also noted that the patient was unresponsive to initial physical therapy treatment. The treating physician noted at that time that the patient did not have focal motor or sensory deficits in the lower extremities and noted that straight leg raising was positive seated on the right. An MRI of the lumbar spine of 04/29/2013 demonstrated mild to moderate neural foraminal narrowing on the left at L4-5 and mild foraminal narrowing on the right at L5-S1 as well as focal protrusions at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at L5-S1 of the Lumbar Spine: 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 Chronic Pain Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The physical examination does not document the specific focal neurological deficit. Electrodiagnostic studies are normal, and imaging studies demonstrate multifocal discogenic changes without a specific focal compressive lesion. In this situation, the MTUS Chronic Pain Guidelines have not been met to support an indication for an epidural injection. This request for epidural steroid injection at L5-S1 of the lumbar spine is not medically necessary and appropriate.