

<b>Case Number:</b>	CM13-0023036		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 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:

Patient is a 39 YO, male with a date of injury of 12/19/2012. Patient has a diagnosis of Lumbarosacral spondylosis. MRI of the lumbar dated 04/02/2013 showed multilevel degenerative disc disease with mild spinal foraminal stenosis. At L5-S1, there was a dorsal annular fissure and facet degenerative disease. According to report dated 08/12/2013, patient continued to complain of lower back pain 8-10/10. On examination of the lumbar spine patient showed normal range of motion with significant guarding, however, lumbar flexion is full. Straight leg raise is negative with hamstring tightness. Patient is taking Norco 10mg three times daily. The treater recommends HEP, short course of therapy, lumbar epidural steroid injection and transfer of care to multidisciplinary pain management program. The report dated 07/12/2013 states, patient continues with lower back pain with burning sensation. He describes the pain as throbbing with numbness and tingling in the lower back. He denies radiation to the lower extremities. Patient continues with Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar epidural steroid injection at the L5-S1 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections (ESIs) Page(s): 46, 4.

**Decision rationale:** Patient has a diagnosis of Lumbarosacral spondylosis. Report dated 08/12/2013 states, patient continued to complain of lower back pain 8-10/10. On examination of the lumbar spine the patient showed normal range of motion with significant guarding, however, lumbar flexion is full. Straight leg raise is negative with hamstring tightness. It was noted that patient is taking Norco 10mg three times daily. 07/12/2013 report states patient has throbbing, burning sensation with numbness and tingling in lower back. Patient denied radiation to lower extremities. MTUS guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, there is no documentation of radiculopathy demonstrated by examination. The patient does not present with any radicular symptoms or leg pains. Additionally, the MRI report did not show a nerve root lesion. An annular fissure does not typically cause nerve root pain. Given the lack of any evidence of radiculopathy, recommendation is for denial.