

<b>Case Number:</b>	CM13-0023718		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 has a subspecialty in Interventional Spine 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 reported a date of injury on 10/11/2011. The progress report dated 08/02/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) grade 1 spondylolisthesis at L4-L5 and L5-S1 with bilateral lower extremity radiculopathy, (2) cervical spine musculoligamentous sprain/strain. The patient presents with constant low back pain with numbness and tingling on both sides. The patient reported having 2 sessions of physical therapy and had recently undergone MRI scan of the lumbar spine. Physical exam findings included decreased range of motion of the lumbar spine. There was positive sciatic notch tenderness bilaterally. Straight leg raise test is positive. It is unclear if this was bilateral or not. The side is not indicated. There was weakness in the extensor hallucis longus and tibialis anterior at 4/5. The treater indicates that a review of the MRI of the lumbar spine showed grade spondylolisthesis at L4-L5. The request was made for the patient to continue physical therapy as well as the request for epidural steroid injection at L4-L5. Utilization review letter dated 09/06/2013 issued a non-certification for the epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 epidural steroid injection for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** The patient presents with low back pain with numbness and tightness on both sides. The patient had recently undergone 2 sessions of physical therapy and had also undergone recent MRI which the treating physician indicated it showed a grade 1 spondylolisthesis at L4-L5. The MRI report was not made available for review. However, the utilization review letter dated 09/06/2013 indicates that the lumbar MRI on 07/06/2013 showed minimal L4-L5 disk bulge in the patient report. There is no mention of spondylolisthesis. MTUS page 46, 47 regarding epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The treating physician's physical exam findings are a little bit vague in regard to the patient's findings as it is unclear if the straight leg raise testing and the myotomal weakness are bilateral or is on right or left side. The utilization review indicates the MRI report had minimal findings of bulging disk and no report of spondylolisthesis. The treater indicates a grade 1 spondylolisthesis at L4-L5 and L5-S1. MTUS further states that initially the patient should be unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The treating physician indicates that the patient had only received 2 sessions of physical therapy and was requesting additional physical therapy. It is unclear if the patient has had prior radicular symptoms. The AME report dated 05/28/2013 by [REDACTED] indicates that the patient's physical exam showed the lumbar spine was nontender. There was mild decrease in range of motion, and straight leg raises were negative bilaterally. Reflexes were normal as well as 5/5 strength bilaterally. The sensory exam was normal in all dermatomes in the lower extremities bilaterally. The patient's radiculopathy does not appear to be adequately documented. Therefore, recommendation is for denial.