

<b>Case Number:</b>	CM13-0023873		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/05/1999
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/23/2013
<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 and Rehabilitation and Pain Management, 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 is a 56 year old female with a date of injury of 07/05/1999. The patient has intermittent pain in her lower back. According to the report dated 07/31/2013 by [REDACTED], the patient continued to complain of low back and bilateral leg pain. On examination, the patient had trouble rising from a sitting position and she walks with a limp and cane. Range of motion of the lumbar spine is reduced to less than 50%. Muscle strength is good throughout. It was noted that the patient had benefitted from an epidural steroid injection in the past and the current request is for epidural steroid injection. The level of injection requested was not noted. This was the only report that was included in the medical file provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidurals steroid injections (ESIs).

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

**Decision rationale:** The patient has low back and bilateral leg pain, worse on right side. She walks with a cane. On examination, the patient had trouble rising from sitting position and the range of motion of the lumbar spine is reduced to less than 50%. The provider does not document any examination findings consistent with radiculopathy, such as straight leg raise testing or weakness/sensory changes in a specific nerve distribution. The provider indicates good muscle strength throughout. No other reports were provided for review. The utilization review letter from 8/16/13 does make reference to an MRI from 2004 that showed degeneration at L4-5 without evidence of nerve root lesion and CT myelogram of the L-spine was reportedly normal. The guidelines recommend an epidural steroid injection when radiculopathy is documented via examination and imaging studies. In this case, based on available information, the patient's pain location does not describe dermatomal distribution, examination findings do not mention any nerve root issues, and MRI findings from 2004 evidently do not describe any potential nerve root lesion problems, such as herniation or stenosis. The requested epidural steroid injection is not medically necessary or appropriate at this time.