

<b>Case Number:</b>	CM13-0024158		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Internal Medicine, has a subspecialty in Cardiology 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 52-year-old female who reported an injury on 10/29/2008. The patient was diagnosed with chronic low back pain, lumbar disc disease, chronic bilateral L4 radiculitis and chronic pain syndrome. The patient was seen by [REDACTED] on 08/20/2013. The patient reported 4/10 pain with medications. Physical examination revealed a positive straight leg raise on the left, tenderness over the bilateral lumbosacral paraspinal muscles, 5/5 motor strength in the bilateral lower extremities and decreased sensation to light touch over the L4 dermatomal distribution bilaterally. Treatment recommendations included a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral selective L4 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that epidural steroid injections are recommended as a possible option for the treatment of radicular pain with use in conjunction

with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient has undergone previous epidural steroid injections. Documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks, following each injection was not provided for review. There were no imaging studies or electrodiagnostic reports submitted for review. Furthermore, there was no evidence of a recent failure to respond to conservative treatment prior to the request for an injection. Based on the clinical information received, the request is non-certified.