

<b>Case Number:</b>	CM13-0026033		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, Pain Management and is licensed to practice in Florida. 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 expert 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 67-year-old male who reported an injury on 06/11/2009. The mechanism of injury was not stated. The patient is diagnosed with cervical discogenic disease and lumbar discogenic disease. The patient was seen by [REDACTED] on 07/11/2013. The patient reported persistent lower back and neck pain. Physical examination revealed spasm in the lumbar spine, painful and limited range of motion, positive straight leg raising, decreased sensation, and 4/5 motor weakness. Treatment recommendations included an epidural steroid injection. It is also noted that the patient underwent a lumbar spine MRI on 08/20/2012 which indicated mild disc desiccation at L5-S1 without any disc herniation, stenosis, or neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION (ESI) AT L5-S1, BILATERALLY:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines THE MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STERO.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines THE CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 46. Page(s): 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient does not demonstrate radiculopathy upon imaging study. There is also no evidence within the documentation provided of an exhaustion of conservative treatment including a course of physical therapy. There is no indication that this patient is actively participating in a therapeutic exercise program. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including an MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient underwent an MRI of the lumbar spine on 08/20/2012. There is no documentation of a progression of symptoms or physical examination findings that would warrant the need for a repeat study. Based on the clinical information received, the request is non-certified.