

<b>Case Number:</b>	CM13-0027163		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/11/2013
<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 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 Pulmonary Diseases 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 35 year old female who reported an injury on 06/22/2012. The mechanism of injury stated by the patient was that she was lifting boxes and noticed back pain. The patient was treated with medication and physical therapy. The patient was diagnosed with cervical strain, L5 and S1 disc bulge with annular tear and thoracic strain. The clinical documentation submitted for review dated 10/11/2013 stated the patient complained of continued pain to the neck, low back and bilateral hips greater on the right and especially with prolonged standing and walking. The physical examination showed cervical paraspinal muscle tenderness, bilateral trapezius muscle tenderness, and tenderness about the insertion of the paraspinal muscle at the occiput. There was also lumbar paraspinal muscle tenderness, muscle spasm and guarding. Range of motion was restricted with flexion of 30 degrees and extension of 15 degrees, bilateral tight hamstrings and deep tendon reflexes are 2+. MRI imaging studies showed L5-S1 mild broad-based bulging of the posterior annulus with a small superimposed right foraminal disc protrusion with associated annular fissure. The neural foramina are mild to moderately narrow and a small focus of heterogeneous marrow signal intensity at S3 demonstrating characteristics suggesting an atypical intraosseous hemangioma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection:** 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 Epidural Steroid Injections (ESIs) Page(s): 45-46.

**Decision rationale:** CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The clinical documentation submitted for review does not indicate radiculopathy. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical documentation submitted for review stated the patient had complaints of neck and low back pain and was diagnosed with cervical strain, L5 and S1 disc bulge with annular tear and thoracic strain. However, the documentation submitted for review does not show any physical examination findings indicating radiculopathy or complaints of radiating pain into the lower extremities from the patient. As such, the request is non-certified.