

<b>Case Number:</b>	CM13-0035179		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Orthopedic Surgery 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 47 year old female who reported a work-related injury on 02/24/2010, specific mechanism of injury not stated. The patient presents for treatment of lumbar spine pain complaints. MRI of the lumbar spine dated 05/22/2013 signed by [REDACTED] revealed degenerative disc disease from L3-4 through L5-S1 most prominent at L4-5 with a small disc protrusion at this level and mild central spinal stenosis. There was no central spinal stenosis at the other levels. There was multilevel facet spondylosis. Mild bilateral inferior neural foraminal narrowing at L4-5 was noted. The clinical note dated 10/02/2013 reports a patient self reporting form about the patient's course of treatment since date of injury. The patient documented treatment to date has only included medications. The patient has utilized no physical therapy, no stretching, no exercise. The clinical note dated 11/04/2013 documents secondary treating physician's clinical note by [REDACTED]. The provider documents the patient reports she feels better; however, continues with low back pain rated at 4/10. The provider documents the patient reports pain is associated with locking to the low back. The patient reports radiation of pain complaints to the bilateral lower extremities, right greater than left, hips and right foot. Upon physical exam of the patient, range of motion of the lumbar spine was noted to be at 50 degrees flexion, 15 degrees extension, 15 degrees of bilateral lateral bending. The provider documented motor strength revealed 4/5 strength with flexion, extension and bilateral bend at the lumbar spine. The provider recommended the patient to complete 8 sessions of physical therapy, to utilize a wedge for her bilateral lower extremities while sleeping or lying on her back and knee cushions and use of a Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-5 level:** Upheld

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support injection therapy to this patient at this point in her treatment. The provider documents the patient continues with lumbar spine pain complaints status post an unspecified work-related injury sustained in 02/2010. The clinical notes document the patient has been recommended to undergo epidural steroid injection at the L4-5 level. However, per California MTUS Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes failed to evidence objective findings of radiculopathy via imaging studies or upon exam of the patient. Additionally, injection therapy is supported for patients initially unresponsive to conservative treatment, the patient has just begun supervised therapeutic interventions with no documentation of reports of duration, frequency or efficacy of supervised therapeutic interventions. Given all of the above, the request for lumbar epidural steroid injection L4-5 level is not medically necessary or appropriate.