

<b>Case Number:</b>	CM13-0036785		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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, 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 33-year-old male with a date of injury 06/03/2012. The progress report dated 09/27/2013 by [REDACTED] noted that the patient's diagnosis is L/S strain exacerbation. The patient continued with back pain as his primary complaint. The exam findings include: pain with lumbar range of motion and tenderness at mid lumbar area, patient was able to heel walk and toe walk. The patient had a negative straight leg raise, 2+ reflexes, and 5/5 motor lower extremities. A request was made for the patient to be referred to [REDACTED] for an epidural #2 and to continue using Motrin as directed. The utilization review letter dated 10/07/2013 indicated that the available clinical information does not support the medical necessity of the procedure and was noncertified. The record show a normal lumbar MRI dated 09/17/2012. The record show that reports on 02/11/2013 and 03/04/2013 by [REDACTED] indicate that the patient had undergone left sacroiliac joint injections. No records were found indicating the patient had received an epidural steroid injection in the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar epidural steroid injection:** 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): 46-47.

**Decision rationale:** The progress report dated 09/27/2013 by [REDACTED] indicated that the patient continues with back pain as his primary complaint. There were no findings on physical exam to indicate any radiculopathy and no diagnostic imaging found in the 316 pages reviewed of any MRI or EMG finding that would indicate radiculopathy in the lumbar spine as required by MTUS. The California MTUS states that radiculopathy must be documented by physical exam and corroborated by imaging studies for epidural steroid injections. It is unclear by the records whether the requesting physician was truly requesting a lumbar epidural steroid injection as the patient appears to have had prior sacroiliac joint injection but no records were found indicating he had prior epidural steroid injection. As there are no physical exam findings of dermatomal radicular symptoms corroborated by imaging, therefore recommendation is for denial.