

<b>Case Number:</b>	CM13-0039359		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 10/19/11. A utilization review determination dated 9/20/13 recommends non-certification of L5 ESI as the documentation noted only low back pain radiating to the right SI joint rather than in an L5 distribution. There was also no documentation of neurologic deficits. The provider's notes are consistent with that documentation, identifying low back pain and radiation only into the SI joint, with tenderness on exam and an SLR positive for low back pain, but not leg pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5 epidural steroid injection (ESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there is no documentation of any radicular symptoms or findings. The

documentation notes low back pain radiating to the SI joint rather than in an L5 dermatomal distribution and the noted findings are not consistent with radiculopathy. In light of the above issues, the currently requested L5 epidural steroid injection is not medically necessary.