

<b>Case Number:</b>	CM13-0042652		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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 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 45 year old male with a date of injury of 11/22/11. The listed diagnosis per [REDACTED] is displacement lumbar intervertebral disc without myelopathy. According to the report dated 10/11/13, the patient presents with severe low back pain with frequent radiation down his right lower extremity accompanied by numbness and weakness in his right lower extremity. Examination of the lumbar spine revealed decreased range of motion, with limited rotation. There is tenderness to palpation with spasm. There is sciatic notch tenderness. There is positive lumbar facet loading maneuver on the right. A positive straight leg raise test was noted on the right side in the seated and supine positive to 50 degrees. An MRI of the lumbar spine dated 3/2/12 showed L3-4 disc protrusion herniation with nerve root impingement. The primary treating physician states that the patient has not had any previous injections, and requests an epidural steroid injection to level L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN EPIDURAL STEROID INJECTION AT L3-L4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 46-47.

**Decision rationale:** This patient presents with severe low back pain with frequent radiation down his right lower extremity accompanied by numbness and weakness in his right lower extremity. The primary treating physician is requesting a lumbar epidural steroid injection. The MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. In this case, the patient presents with severe low back pain that radiates into the lower extremity. He also has positive straight leg raising, and some weakness on examination. MRI showed disc herniation at L3-4. The patient has not had prior injection, per the primary treating physician. Given the patient's significant leg pain, disc herniation and exam finding, one epidural steroid injection is consistent with MTUS recommendations. The request is certified.