

<b>Case Number:</b>	CM13-0042898		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/30/2013
<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 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, and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 05/05/2013. The mechanism of injury was noted to be a fall. The patient was diagnosed with lumbar sprain. Her symptoms include lower back pain that had increased up to 4/10 at rest and 6/10 with activities requiring exertion. The patients pain intermittently radiates down the right leg to the mid posterior aspect of the thigh with occasional tingling in the right leg, sometimes down to the foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT EPIDURAL BLOCK LUMBAR L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS)..

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

**Decision rationale:** According to California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation

submitted for review indicates an official MRI of the lumbar spine revealed a 3 mm broad-based disc bulge encroaching into the inferior recess of the bilateral neural foramina causing no significant neural foraminal narrowing or canal stenosis at the L5-S1 level. Therefore, in the absence of documented objective findings on examination corroborated by positive nerve impingement upon MRI, the request is not supported. Given the above, the request for outpatient epidural block lumbar L5-S1 is noncertified.