

<b>Case Number:</b>	CM13-0044578		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/18/2002
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 63 years old male with an injury date on 01/18/2002. Based on the 09/23/2013 hand written progress report provided by [REDACTED], the diagnoses are L/S stenosis L4-5, right shoulder impingement syndrome and right elbow lateral epicondylitis. According to this report, the patient complains of low back pain that radiates down the right thigh and hip. The patient also complain of constant right shoulder pain; difficulty with reaching. Physical exam reveals decreased range of motion of the right shoulder and lumbar spine due to pain. Tenderness over the lumbar area is noted. Straight leg raise test is positive. Deep tendon reflex of the patella is a 1/4. MRI of the lumbar spine on 09/04/2013 reveals a 2mm disc bulge with mild bilateral facet disease at L2-L3; 2mm disc bulge with mild to moderate bilateral facet disease and mild to moderate neural foraminal stenosis at L3-L4; 3mm disc bulge with moderate bilateral facet disease, mild ligamentum flavum redundancy. AP diameter of the spinal canal measure 8 mm. Mild to moderate spinal canal and bilateral neural foraminal stenosis at L4-L5; and 1 mm disc bulge with trace facet disease at L5-S1. There were no other significant findings noted on this report. The utilization review denied the request on 10/15/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 05/21/2013 to 09/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** According to the 09/23/2013 report by [REDACTED] this patient presents with back pain that radiates down the right hip/thigh and constant right shoulder pain. The provider is requesting lumbar epidural steroid injection at L4-5. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports does not show any evidence of other epidural steroid injections being done in the past. MRI of L-spine shows that the patient has a 3mm disc bulge at L4-L5 and examination is positive for SLR. While this patient presents with radiating pain down the right hip/thigh, they are not described in specific dermatomal distribution to denote radiculopathy or nerve root pain. Therefore the request is not medically necessary.