

<b>Case Number:</b>	CM13-0047392		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 and is licensed to practice in Illinois. 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 reported injury on 04/07/2010. The mechanism of injury was not provided. The patient was noted to have paravertebral tenderness and spasm with restricted range of motion. The patient was noted to have decreased sensation to light touch in the S1 dermatomes on the left leg. The reflexes were noted to be 2+ in the bilateral knees and ankles. The straight leg raise test was noted to be positive on the left at 35 degrees. The patient was noted per the physician's documentation to have an MRI of the lumbar spine on 08/24/2010 which showed multilevel bilateral neural foraminal narrowing severe on the left at L5-S1 with possible impingement on the exiting nerve root. The patient's diagnoses were noted to be lumbar radiculopathy exacerbation and lumbar disc protrusions and neural foraminal narrowing at L5-S1. The request was made for lumbar epidural corticosteroid injection to the left L5-S1 times 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural corticosteroid injection to left L5-S1 times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, and ASIPP Guidelines

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

**Decision rationale:** California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had radiculopathy upon objective physical examination; however, there is a lack of documentation indicating the official MRI to corroborate the diagnosis of radiculopathy. Additionally, there was a lack of documentation indicating the date of service, efficacy and duration of conservative treatment. There was a lack of documentation indicating the patient was initially unresponsive to conservative treatment. Given the above, the request for lumbar epidural corticosteroid injection to left L5-S1 times 2 is not medically necessary.