

<b>Case Number:</b>	CM13-0051835		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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 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:

This is a patient with a date of injury of 3/20/13. A utilization review determination dated 10/26/13 recommends non-certification of lumbar ESI. The 9/30/13 medical report identifies low back pain radiating to the bilateral legs to ankles. On exam, there is decreased ROM with tenderness. The MRI is said to show some neuroforaminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR ESI L5-S1 LEVEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** Regarding the request for lumbar ESI L5-S1, 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 are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. The subjective findings are not specific to any nerve root distribution(s) and no objective

radicular findings are noted. In the absence of such documentation, the currently requested lumbar ESI L5-S1 is not medically necessary.