

<b>Case Number:</b>	CM13-0053285		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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, 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 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:

This patient is a 67-year-old male with date of injury of 02/21/2013. The listed diagnoses per [REDACTED] dated 11/01/2013 are: (1) Lumbar facet syndrome (2) low back pain (3) spasms of muscles. According to report dated 11/01/2013 by [REDACTED], the patient presents with continued lower back pain. Examination of the lumbar showed no scoliosis, asymmetry, or abnormal curvature. Range of motion is restricted with flexion, extension, right lateral bending, and left lateral bending. On palpation, tenderness was noted at the paravertebral muscles on both sides. Lumbar facet loading is positive on both sides as well. Straight leg raise test was noted as negative. Tenderness was noted over the bilateral quadratus lumborum. X-ray dated 07/02/2013 of the lumbar spine showed L2-L3 and L3-L4 degenerative disc disease and marked facet arthropathy from L3 to S1. MRI of the lumbar spine dated 10/07/2013 revealed facet hypertrophy at L5 to S1 with patent canal and neural foramina.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 lumbar epidural steroid injection at L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with low back pain. Treater is requesting an epidural injection at L5 to S1 but states that examination shows negative straight leg raise and positive lumbar facet loading on both sides. The MTUS Guidelines page 46 to 47 recommends ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborating findings on imaging studies. In this case, there are no radiating pain into the lower extremity to denote radicular symptoms and MRI studies showed facet and degenerative changes without stenosis or herniation. No EMG report confirms radiculopathy either. Recommendation is for denial.