

<b>Case Number:</b>	CM13-0054250		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/17/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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:

The patient is a 62-year-old male who reported an injury on 3/31/08 due to cumulative trauma while performing normal job duties. The patient sustained injury to the neck and low back. Previous treatments have included physical therapy, medications, and a TENS unit. The patient underwent an MRI of the lumbar spine in September 2013 that revealed a disc bulge at the L2-3 and spinal canal stenosis measured at 6mm. The patient's most recent clinical examination findings of the lumbar spine revealed mild to moderate tenderness to palpation of the lumbar spine and paraspinal musculature and mildly decreased range of motion due to pain. The patient had normal motor strength throughout the bilateral upper and lower extremities with normal sensation in the bilateral upper and lower extremities with a negative bilateral straight leg raising test. The patient's diagnoses included lumbago, chronic pain syndrome, lumbosacral sprain, cervicalgia, and cervical spondylosis. The patient's treatment plan included continuation of the use of a TENS unit and an epidural steroid injection at the L2-3 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for lumbar interlaminar epidural steroid injection under fluoroscopy at L2-L3:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS recommends epidural steroid injections for patients with physical findings of radiculopathy corroborated by an imaging study that have been non-responsive to conservative therapy. The clinical documentation provided for review supports that the patient has failed to respond to conservative treatment and has persistent back pain. The imaging study provided for review indicates that the patient has significant spinal canal stenosis at the L2-3 level. However, the patient's most recent clinical evaluations do not provide any physical findings to support radiculopathy. The patient has normal lower extremity motor strength, no disturbances in sensation in the L2 and L3 dermatomes, and a negative bilateral straight leg raising test. Therefore, the need for an epidural steroid injection at the L2-3 is not supported. As such, the requested lumbar interlaminar epidural steroid injection under fluoroscopy at L2-3 is not medically necessary or appropriate.