

<b>Case Number:</b>	CM13-0055287		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/21/2009
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Internal Medicine, 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:

The patient is a 52 year old male who reported an injury on 05/21/2009, secondary to a motor vehicle accident. A request for authorization form was submitted by [REDACTED] on 12/30/2013 regarding a lumbar epidural steroid injection. The patient was recently evaluated by [REDACTED] on 12/23/2013. The patient reported ongoing lower back pain. Physical examination revealed normal gait, diffuse tenderness to palpation, intact motor strength in bilateral lower extremities, negative straight leg raising, and negative flip testing bilaterally. It is noted that the patient's previous epidural steroid injection was declined, and the patient was awaiting an Agreed Medical Examination scheduled for 03/2014.

### 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-L5: 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 Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. As per the documentation submitted, the patient does not demonstrate signs or symptoms of radiculopathy upon physical examination. The patient's motor strength is intact in bilateral lower extremities, with 2+ reflexes and negative straight leg raising. There is no documentation of a recent failure to respond to conservative treatment. There is also no evidence of this patient's active participation in a functional rehabilitation program. Based on the clinical information received, the request for Lumbar epidural steroid injection at L4-L5 is not medically necessary and appropriate.