

<b>Case Number:</b>	CM13-0055321		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/08/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 58-year-old female who on 6/1/04 sustained an injury to the low back. Recent clinical records available for review include a letter of appeal/progress report dated 11/15/13 by [REDACTED] indicating that the claimant is with a diagnosis of multifactorial low back pain status post lumbar fusion at L4-5 in 2004. Her current complaints are that of low back pain with residual bilateral lower extremity discomfort. Objectively, there is noted to be an absent Achilles reflex bilaterally with equal and symmetrical +2 patellar reflexes with diminished strength bilaterally to the lower extremities in a non-dermatomal fashion. Straight leg raising was positive bilaterally. The claimant was diagnosed with status post multilevel decompression and lateral fusion at L4-5 with continued low back pain complaints. Reviewed was recent imaging including an MRI of the lumbar spine dated 8/8/13 that showed multilevel degenerative disc changes from L2-3, L3-4, and L5-S1. At present, there is a request for continued use of medication management and a diagnostic right L3 injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L3 DIAGNOSTIC INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 49.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the specific role of the diagnostic "injection" at the L3 level is not indicated. The claimant's clinical picture does not give that of an L3 clinical presentation on physical examination or clinical imaging to support the role of the diagnostic procedure in question. At present, there would be no documented indication for the role of an L3 injection based on the claimant's clinical records for review. MTUS Guidelines would only recommend the role of injection therapy for specific nerve roots based on radicular processes that are documented by both physical examination and corroborated by imaging or electrodiagnostic testing.