

<b>Case Number:</b>	CM13-0055919		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 and Pain Management, 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 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:

The patient is a 43-year-old male with date of injury of 04/18/2013. Per a report from 10/08/2013, the listed diagnoses are lumbosacral strain and lumbar facet syndrome. Examination showed tenderness paralumbar region bilaterally. No spasms or muscle guarding. He still has limited range of motion of the lumbar spine. He has negative straight leg raising. The recommendation was for epidural steroid injection at L4-L5 at the request of the patient. The provider discusses that the MRI of the lumbar spine showed degenerative changes throughout, but most particularly at L4-L5 with potential for impingement at the traversing L5 nerve root. MRI report from 07/17/2013 reads that there is a bulging disk at L4-L5 with central disk protrusion, dorsal annular fissure contacting the traversing L5 nerve roots, left side has paracentral disk extrusion at L5-S1. An 08/21/2013 report indicates that the patient is doing better, less pain, no radicular pain down the leg, and the patient has returned to less restricted work, continuing with physical therapy. A report from 09/27/2013 reads that the patient has continued low back pain, doing well until physical therapy where they performed traction maneuver which caused increased pain and a flare.

### 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 Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** This patient presents with persistent low back pain since injury from 04/18/2013. The treating physician has asked for lumbar epidural steroid injection at L4-L5. However, reports indicate that the patient only presents with low back pain with no significant radiating symptoms to lower extremities. MRI of the lumbar spine showed bulging disk with central disk protrusion at L4-L5 contacting the traversing L5 nerve roots, but there are no subjective complaints of any radiating pain down the legs. Examination findings were normal with negative straight leg raise testing per multiple reports, 08/21/2013, 09/27/2013, and 10/08/2013. The MTUS Guidelines require documentation of radiculopathy defined as dermatomal distribution of pain corroborated by radiologic findings. In this case, the patient does not have any radicular symptoms or radiating symptoms down the legs, and does not have a diagnosis of radiculopathy. Examination findings were negative as well for radiculopathy. Therefore, the requested lumbar epidural steroid injection is not medically necessary at this time.