

<b>Case Number:</b>	CM13-0058000		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 a 35 year-old male who injured his lower back on 5/13/13 when he bent over to pick up a piece of plywood. He reported pain down the left leg, and stated there was a prior injury to the low back in 2000 where he was off work for a year. His current diagnoses includes lumbosacral strain and lumbosacral disk protrusion. On 11/13/13, [REDACTED] UR recommended non-certification of a lumbar epidural steroid injection (LESI) based on the 9/26/13 report from [REDACTED]. The 6/24/13 lumbar MRI states that at L4/5 and L5/S1 there is disc desiccation and disc protrusion measuring up to 3-mm in AP diameter. There is no significant thecal sac or nerve root compression. There are no electrodiagnostic studies available for this IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A lumbar epidural steroid injection (ESI) at L5-S1 under multiplanar fluoroscopy and reading of an epidurogram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs  
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**Decision rationale:** The patient presents with low back pain with normal lower extremity sensory and motor findings. The MRI from 6/24/13 does not show nerve root or cord compression at L5/S1. The 9/25/13 orthopedic report refers the patient to [REDACTED] for a series of LESI. The 9/26/13 initial evaluation from [REDACTED] states the patient has back pain and bilateral leg pain. It is described as a deep ache, 5/10 intensity, and sometimes pinching with numbness and tingling down both legs. There is no description of the pattern of numbness and tingling, no identifiable dermatomal distribution. Physical examination did not show any evidence of radiculopathy. MTUS guidelines require evidence of radiculopathy by physical examination and corroborated by imaging studies or electrodiagnostic testing. The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern, and the MRI did not show any evidence of nerve root compression. The MTUS criteria for an ESI have not been met.