

<b>Case Number:</b>	CM13-0058991		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Rehabilitation, has a subspecialty in Pain 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 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 38-year-old male who reported an injury on 05/08/2009. The mechanism of injury involved heavy lifting. The patient is diagnosed with L4-5 and L5-S1 instability, status post ALDF in 2012, and chronic pain syndrome with radiculopathy. The patient was seen by [REDACTED] on 12/02/2013. The patient reported ongoing lower back pain with radiation to the right lower extremity. Physical examination revealed diffuse right lower extremity numbness, negative straight leg raising, normal gait, and decreased lumbar range of motion. Treatment recommendations included continuation of current medication and a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines state epidural steroid injections are recommended as an option for treatment of radiculopathy pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there

was no evidence of radiculopathy upon physical examination. There is also no documentation of radiculopathy upon imaging study. There is no evidence of unresponsiveness to recent conservative treatment including exercises, physical methods, Nonsteroidal anti-inflammatory drugs (NSAIDS) and muscle relaxants. The specific level at which the epidural steroid injection will be administered was not specified in the request. Based on the clinical information received and the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the request is non-certified.