

<b>Case Number:</b>	CM13-0065333		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 and 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 is a 38 year-old female who was injured on 6/14/2011. She has been diagnosed with lumbar herniated disc, myelopathy and radiculopathy. According to the 10/30/13 report from [REDACTED], she presents with lumbar spine pain. On physical examination, there was tender paraspinals. The treatment plan was for an epidural steroid injection. On 11/18/13 UR denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **lumbar epidural steroid injection (LESI) at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the 10/30/13 report from [REDACTED], she presents with lumbar spine pain. On physical examination, there was tender paraspinals. The treatment plan was for an epidural steroid injection. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with

corroborative findings of radiculopathy). " MTUS gives specific criteria for epidural steroid injections, the first item is: " Radiculopathy must be documented by physical examination and corroborated by imaging studies and/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 there is no imaging or electrodiagnostic studies provided for this IMR. The MTUS criteria for an ESI has not been met.