

<b>Case Number:</b>	CM13-0067318		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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:

The patient is a 50 year-old female who reported an injury on 10/27/2012 after a trip and fall. The patient reportedly sustained an injury to her low back. The patient's treatment history included medications and physical therapy. The patient underwent an MRI in 05/2013 that documented there was spondylosis of the lumbar spine, disc desiccation at the L2-L5 with no evidence of signal abnormality within the traversing or exiting nerve roots. It was also noted that the central cord ended at the T12-L1 level. The patient's most recent clinical evaluation documented the patient had tenderness to palpation over the lumbar paraspinal musculature and sacroiliac joint tenderness. The patient had restricted range of motion to 90% of normal of the lumbar spine with 4/5 motor strength and positive Kemp's test with a straight leg raise positive to the right at 70 degrees. The patient's treatment plan included continuation of a home exercise program, medications, and a functional restoration screening for a work conditioning program. The request was made for a lumbar epidural steroid injection at the L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbar Epidural Steroid Injection at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends that patients receive epidural steroid injections when they have radicular findings upon examination that are corroborated by an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has an MRI that concludes there is a disc bulge effacing the thecal sac. However, there is no clinically evident nerve root pathology to support radiculopathy. Additionally, the patient's physical findings do not specifically identify a myotome or dermatome to determine the appropriate level of an epidural steroid injection. As such, the requested lumbar epidural steroid injection at the L4-5 is not medically necessary or appropriate.