

<b>Case Number:</b>	CM13-0072606		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of February 13, 2013. Treatment to date has included use of a TENS unit. Medical records from 2013 were reviewed, which showed that the patient complained of constant dull pain in the low back, 7/10, which radiated to the left knee, associated with numbness, tingling, and weakness in the left leg. Pain was worse with constant standing, squatting, prolonged walking, and lifting. On physical examination, there was tenderness in the lumbosacral paraspinal and heel and toe walk was positive for pain bilaterally. Lumbar facet and straight leg raising tests were positive bilaterally. Slump test was negative. There was decreased sensation in the left L1, L2, and L3 dermatomes. There was motor weakness of the right hip, knee, ankle, and foot. Deep tendon reflexes were decreased in the patellar, hamstring, and Achilles bilaterally. An MRI of the lumbar spine, dated 9/24/13, revealed a 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing at the L5-S1 level. Utilization review from December 16, 2013 denied the request for Lumbar Epidural Steroid Injection L5-S1 because MRI findings did not identify any stenosis or nerve root impingement at L5-S1 level to corroborate the presence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION L5-S1: 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 Page(s): 46.

**Decision rationale:** According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural injections are not supported in the absence of objective radiculopathy. In addition, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. In this case, although the patient exhibited signs and symptoms of radiculopathy, the MRI of the lumbar spine dated 9/24/13 revealed no evidence of canal stenosis or neural foraminal narrowing at the L5-S1 level. Furthermore, the medical records did not indicate that there was failure of conservative management. The criteria were not met; therefore the request for Lumbar Epidural Steroid Injection L5-S1 is not medically necessary.