

<b>Case Number:</b>	CM14-0000847		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 12/9/13 progress report indicates persistent cervical pain and lower back pain with radiation to both lower extremities. The patient complains of numbness and weakness in both legs. Physical exam demonstrates limited lumbar range of motion, lumbar tenderness, positive straight leg raise test on the right, SI joint tenderness on the right. There is right EHL weakness and diminished sensation in the right L5 and S1 dermatomes. The reported electrodiagnostic testing demonstrates bilateral L5-S1 radiculopathy. The treatment to date has included medication and activity modification. There is documentation of a previous adverse determination on 12/8/13 for lack of nerve root impingement on imaging studies and lack of formal electrodiagnostic reports.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid

injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. The patient presents with clinical radiculopathy corroborated by electrodiagnostic testing. However, a formal imaging report indicating frank nerve root compromise was not made available for review. Therefore, the request was not medically necessary.