

<b>Case Number:</b>	CM14-0007535		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 claimant is a 44-year-old female who injured the low back in a work related accident on 05/21/13 as a result of a slip and fall on the ice. The MRI report of 09/07/13 shows a degenerative process at L4-5 with disc bulging, but no indication of gross canal stenosis or nerve root impingement. The October 17, 2013, authorization request indicates the need for an epidural steroid injection at the L4-5 level. The physical examination on October 3, 2013 documented weakness with dorsiflexion of the great toe and resisted plantar flexion on the left and a sensory deficit in an L5 dermatomal distribution. The records document that prior conservative care has included therapy and medication management. This review is for an epidural injection at the L4-5 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR ESI L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS, 46

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for an L4-5 epidural injection would not be indicated. The Chronic Pain Guidelines require documentation of radiculopathy on physical examination that correlate with imaging and electrodiagnostic studies. Although this individual has positive physical examination findings, there is no documentation of radiculopathy on imaging or electrodiagnostic testing at the L4-5 level. This specific request for epidural injection at the L4-5 level would not be supported.