

<b>Case Number:</b>	CM14-0007784		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 patient is a 58-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc and sciatica associated with an industrial injury date of May 14, 2008. The patient complains of persistent, dull and aching low back pain grade 4/10 radiating to the lower extremities. There was also an increasing spasm in the low back. Physical examination of the lumbar spine demonstrated tenderness, limitation of motion, six (6) trigger points, and a positive straight leg raise (SLR) in the bilateral lower extremities. The neurological examination was unremarkable. The diagnostic impressions were lumbar muscle strain and spasm with multiple trigger points, and a possible lumbar radiculopathy. The treatment plan includes lumbar epidural steroid injection (ESI) and chiropractic care. Treatment to date has included oral analgesics, physical therapy, activity modification and trigger point injections. Utilization review from January 7, 2014 denied the request for lumbar epidural steroid injection at bilateral L5 because there were no objective findings that identify specific nerve compromise on the neurologic examination; and a formal imaging report was not made available.

### 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 BILATERAL L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS LOW BACK COMPLAINTS: ACOEM

LOW BACK CHAPTER, PAGE 300, TABLE 12-8, AND CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS.

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

**Decision rationale:** The Chronic Pain Guidelines state that epidural steroid injections are recommended when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and there is unresponsiveness to conservative treatment. In this case, there were no objective findings and imaging studies to support the diagnostic impression of lumbar radiculopathy. Moreover, there was no evidence of unresponsiveness to conservative treatment. The guideline criteria were not met. Therefore, the request for lumbar epidural steroid injection at bilateral L5 is not medically necessary.