

<b>Case Number:</b>	CM14-0014639		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

This is a 37-year-old male with a 10/23/2012 date of injury. A specific mechanism of injury was not described. There was a previous 1/20/14 non-certification. 12/31/13 medical report identifies lower back and bilateral knee pain. There is numbness radiating down to the left thigh. The patient has been taking Norco and Relafen, and continues to do home exercises. The patient has had physical therapy. Reflexes were 2+ bilaterally, sensory examination L1 to S1 is reported as normal, and motor strength was also normal. 8/12/13 lumbar spine MRI report identifies at L4-5 a 4.9 mm circumferential disc bulge which mildly impresses on the thecal sac. Bilateral facet arthrosis, ligamentum flavum hypertrophy, and mild bilateral neural foraminal narrowing are noted. 10/17/13 electrodiagnostic studies revealed bilateral chronic active L4-5 radiculopathy, left side greater than right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI AT L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 300, 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The AMA Guides.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. The patient has low back pain radiating to the thigh. There has been conservative treatment. The MRI revealed mild bilateral neural foraminal narrowing and electrodiagnostic studies identified chronic L4-5 radiculopathy. However, the patient's symptoms did not clearly follow the dermatomal distribution of the requested levels and there were no abnormal neurological findings on examination. Therefore, the request for LESI AT L4-5 is not medically necessary and appropriate.