

<b>Case Number:</b>	CM14-0125052		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 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 51-year-old female who was injured on 03/26/14, sustaining an injury to the low back. Records for review indicate treatment to date has included physical therapy, medication management, and activity restrictions. There is a recent lumbar MRI scan reviewed at 06/17/14 assessment showing facet hypertrophy and lateral recess stenosis with compression upon the exiting left L5 nerve root. A follow up report of 07/10/14 describes low back pain with radiating left lower extremity pain with sensory deficit to the left L5 dermatomal distribution and weakness to the extensor hallucis longus and anterior tibialis. An epidural injection at the L4-5 level was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI at L4-5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

**Decision rationale:** Based on California MTUS chronic pain guidelines lumbar epidural injection at the L4-5 level would be indicated. This individual is with no history of prior lumbar

epidural injections with current physical examination and imaging supporting compressive pathology at the L4-5 level. Guidelines would support the role of an epidural injection in setting where radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This claimant's clinical picture with weakness on examination and L5 compressive findings on imaging support the L4-5 epidural injection requested.