

<b>Case Number:</b>	CM14-0025029		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 1/10/14 report notes complaints of headaches, pain in the back, buttock, hip and shoulders. Examination notes 4/5 strength for flexion, extension and bilateral lateral bend in the lumbar spine with reduced range of motion due to pain. A MRI of the lumbar spine on 11/2/11 is reported to demonstrate intraforaminal L5-S1 disc protrusion with impingement of the left L5 nerve root. A 2/7/14 note indicates continued pain in the back. Physical examination noted the same findings as the 1/10/14 report. A 2/18/14 note indicates pain in the back unchanged from 2/7/14. Physical examination findings were the same as that on 1/10/14. The insured is reported to have received physical therapy, chiropractic care and acupuncture therapy as well as medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the Non-MTUS Official Disability Guidelines (ODG) low back, epidural steroid injections.

**Decision rationale:** The medical records provided for review do not demonstrate physical examination findings specific for radiculopathy corroborated by MRI findings in support of an ESI being performed. The strength limitations noted are not specific for radiculopathy as they are not reported to follow a dermatomal distribution. ODG guidelines support ESI when radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) has been documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Therefore, the request is not medically necessary.