

<b>Case Number:</b>	CM14-0027741		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 37 year old female with an injury date of 08/13/13. Based on the 01/27/14 progress report provided by [REDACTED] the patient complains of persistent pain and weakness in her neck and lower back. She experiences decreased range of motion, tenderness, pain, and spasm in both her cervical back and in her lumbar back. The patient's diagnoses include the following: Myofascial pain; Lumbar radiculopathy; Cervical radiculopathy. The 11/26/13 MRI of the lumbar spine revealed multi-level broad-based disc bulges without significant spinal canal or neural foraminal stenosis. [REDACTED] is requesting for lumbar epidural steroid injection to L2-5 (inject spine lumbar/sacral).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION TO L2-5 (INJECT SPINE LUMBAR/SACRAL): Upheld**

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

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

**Decision rationale:** In reference to an ESI, MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient presents with back pain but radiating radicular pain is not well described. MRI also shows bulging disc only without herniation or stenosis. Finally, the treating physician has asked for 3 level injections and MTUS only allows two level transforaminal injection when appropriate. The request is not medically necessary.