

<b>Case Number:</b>	CM14-0082138		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 and 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 52 years old female with an injury date on 05/07/2013. Based on the 04/21/2014 orthopedic re-evaluation report provided by [REDACTED] the diagnoses are myofascial sprain, lumbar spine; and facet arthritis, lumbar spine. According to this report, the patient complains of upper and low back pain. The patient continues to experience low back pain with radiation into the right lower extremity. Examination reveals positive straight leg raise bilaterally. The patient experiences pain with range of motion of the lumbar spine. Per [REDACTED], MRI of the lumbar spine on 09/09/2013 reveals 4-5 mm disc bulge at L4-5 with posterior osteophyte complex, narrowing of the right more than left neuroforamina, 3-4 mm disc bulge at L5-S1 with narrowing of the right more than left neuroforamina, and mild spinal canal stenosis at L4-5 and L5-S1. There were no other significant findings noted on this report. [REDACTED] is requesting epidural steroid injection at the right L4-5, L4-S1. The utilization review denied the request on 05/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/2014 to 04/21/2014.

### 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 Right L4-5, L4-S1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** According to the 04/21/2014 report by [REDACTED] this patient presents with upper and low back pain with radiation into the right lower extremity. The provider is requesting epidural steroid injection at right L4-5, L4-S1. The UR denial letter requested the provider to provide documentation of the patient's current radicular complaints and exam findings consistent with radiculopathy. Regarding ESI, MTUS guidelines states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Review of the reports show the patient presents with radiating pain down the right leg but SLR is positive on both sides. MRI showed right side greater than left side foraminal stenoses at L4-5 and L5-S1 along with 3-5mm disc bulges. Reports do not show that the patient has had prior ESI. Given the patient's significant right leg pain and the MRI findings that may account for the patient's persistent right leg pain, trial of ESI at these levels appear reasonable and consistent with MTUS. Therefore, this request is medically necessary.