

<b>Case Number:</b>	CM14-0083902		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/11/2000
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 8/11/2000. The date of utilization review under appeal is 5/2/2014. On 4/8/2014, the patient was seen in orthopedic follow-up with ongoing low back pain radiating to the right buttock. The treating physician reviewed an MRI of the lumbar spine, which that physician reviewed personally and reportedly demonstrated lateral recess stenosis at L4-L5 with a right-sided bulge impinging upon the L5 nerve root. Straight leg raising was moderately positive on the right at 50 degrees. The patient had normal strength in the lower extremities and normal sensation in the lower extremities with symmetrical reflexes. The treating physician recommended an epidural injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar ESI (Epidural Steroid Injection) L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections page 46 states that radiculopathy

must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records in this case demonstrate a normal neurological exam other than positive straight leg raising, which is not a sensitive finding. Overall, the clinical findings thus do not corroborate the presence of a radiculopathy at a particular level. The guidelines have not been met. Therefore, this request of Lumbar ESI (Epidural Steroid Injection) L4-L5 is not medically necessary and appropriate.