

<b>Case Number:</b>	CM14-0085958		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 64 year old male with an injury date of 08/10/09. Based on 10/31/13 progress report provided by [REDACTED] the patient complains of low back pain that travels to his right leg. Pain medication provides some improvement, but he remains symptomatic. He walks with a cane and wears a lumbosacral support. Physical examination shows tenderness to palpation over lumbar area. Patient shows normal reflexes. Range of motion is limited: flexion 30 degrees, extension 15, lateral bending is 25 degrees on left and right. Straight leg raising at seated position is positive bilaterally at 75 degrees. X-Rays revealed decreased lumbar lordosis and findings of degenerative spondylosis. Diagnosis:- lumbosacral degenerative spondylosis- L3-4 disc bulge per QME report dated 2010 (stated by provider)- L4-5 disc bulge per QME report dated 2010 (stated by provider) [REDACTED] is requesting L4-L5 Inject Spine lumbar/sacral. The utilization review determination being challenged is dated 05/23/14. [REDACTED] is the requesting provider, and he provided treatment report dated 10/31/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Inject spine lumbar/sacral:** Upheld

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

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

**Decision rationale:** The patient presents with low back pain that travels to his leg. The request is for L4-L5 Inject Spine lumbar/sacral. Per provider report dated 10/31/13, patient has decreased range of motion and has been diagnosed with lumbosacral degenerative spondylosis. MTUS states the following "criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." There were no statements in review of reports that corroborated physical examination findings with the diagnosis. Per provider report, X-rays revealed decreased lumbar lordosis and findings of degenerative spondylosis, however no MRI findings are discussed or provided. There is no description of dermatomal distribution of pain and no MRI findings to corroborate radiculopathy. Recommendation is for not medically necessary.