

<b>Case Number:</b>	CM14-0095425		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Nevada. 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 records presented for review indicate that this 57 year-old individual was reportedly injured on November 5, 2013. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated May 19, 2014 indicates that there are ongoing complaints of low back pain with radiation to the left buttock and leg. The physical examination demonstrated restricted range of motion of the lumbar spine. Straight leg raise is positive in the supine position bilaterally for low back pain. Sensory examination is intact, and deep tendon reflexes are 2+ bilaterally throughout. An MRI is reported in the medical record to reveals bilateral foraminal narrowing at the L4-5 level. The radiology report for January 28, 2014 MRI of the lumbar spine notes a 4-5 mm far left lateral disc herniation at L2-3. A 1.4 cm x .6 cm right paracentral disc herniation at L3-4 with disc extrusion touching the right transiting nerve roots; a 4-5 mm broad-based disc bulge at L4-5 with moderate to severe neural foraminal narrowing; and a mild to-3 mm disc bulge at L5-S1. The claimant's symptoms are left-sided. Previous treatment includes chiropractic therapy, activity modifications, NSAIDs, and muscle relaxants. A request had been made for L4-5. Lumbar steroid injection and was non-certified in the pre-authorization process on June 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Lumbar steroid injection L4-5: Upheld**

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

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

**Decision rationale:** The California MTUS guidelines support epidural steroid injections when a radiculopathy is documented on physical exam and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, the physical exam findings do not support focal findings to substantiate the medical necessity of the lumbar steroid injection at the L4-5 level. In the absence of such documentation, this request would not be considered medically necessary.