

<b>Case Number:</b>	CM14-0206635		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, 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:

This is a 57 year-old male with a 4/19/2010 date of injury. According to the 12/3/14 physiatry report, the patient presents with low back pain that radiates down he right leg. MRI was reported to show degenerative changes L3/4 and L4/5. The physiatrist states the patient had a cervical spine consultation and the consultant recommended a lumbar epidural injection. The physiatrist recommended the lumbar epidural injection based on the consultant's recommendation. The physiatry report did not contain a physical examination or objective findings. The orthopedic report dated 11/25/14 states the patient has decreased lumbar motion, with intact neurologic examination, SLR is negative and there is no MRI report. The orthopedist recommends a lumbar epidural steroid injection. On 12/9/14, utilization review recommended denial for a right L3/4, L4/5 epidural steroid injection. The Reviewer states there were no clinical findings of lumbar radiculopathy and no corresponding findings on MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-4, L4-5 Epidural Steroid Injections (ESI): Upheld**

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

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

**Decision rationale:** According to the 11/25/14 orthopedic report, the patient has low back pain without any leg pain. Neurological exam is intact and SLR is negative. The orthopedist refers the patient out for a lumbar epidural steroid injection. On 12/3/14, the physiatrist does not provide a physical examination and recommends the lumbar epidural steroid injection based on the orthopedist's referral. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Nine medical reports over the 6-month period from 5/30/14 through 12/03/14 were reviewed for clinical evidence of radiculopathy. There is no subjective or objective reports identifying any specific dermatomal distribution of pain, and neurological exam has been reported as intact, and there are no imaging studies available. The patient does not meet the MTUS criteria for a lumbar epidural injection. The request for Right L3-4, L4-5 Epidural Steroid Injections (ESI) is not medically necessary.