

<b>Case Number:</b>	CM13-0067982		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 32-year-old male with a date of injury of 08/25/2011. The listed diagnoses per [REDACTED] are 1. Lumbar disk displacement without myelopathy; 2. Sciatica; 3. Disorders, sacrum. According to report dated 11/11/2013 by [REDACTED], this patient presents with low back pain. The patient reports a gradual increase of his pain and rates his pain today 7/10 on the VAS scale with medications. His pain is localized to his lower back with radiation of pain into his left foot. He also complains of numbness and tingling in the same pattern distribution. Examination of the lumbar spine revealed extension at 10 degrees, flexion at 0 degrees, left and right lateral bending at 10 degrees. Sensation is decreased in the dermatomes left L2 to left S1. Straight leg raise is positive on the left. Treater is recommending lumbar epidural steroid injection at L5-S1. MRI of the lumbar spine dated 10/11/2011 revealed at L4-L5 and L5-S1, there is a shallow 2-mm midline disk protrusion. There is no canal stenosis.

### 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 L5-S1: Upheld**

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

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

**Decision rationale:** This patient presents with low back pain that radiates into his left foot. The treater is requesting a lumbar epidural steroid injection at L5-S1. The MTUS Guidelines page 46 and 47 recommends "ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the MRI showed only mild 2 mm multilevel disk protrusions without nerve root involvement. There was no significant herniation or stenosis that would explain the patient's lower extremity pain and symptoms. MTUS requires a clear diagnosis of radiculopathy that include dermatomal distribution of pain/paresthesia with corroborating imaging studies. Therefore give the above the request is not medically necessary.

**FLUOROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ADDITIONAL LEVEL (X2):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.