

<b>Case Number:</b>	CM14-0116119		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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, has a subspecialty in Pain Medicine 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 injured worker is a 31-year-old individual with an original date of injury of December 21, 2012. The injured worker has run of low back pain, lumbar radiculopathy, mid back pain, and previous head injury. The mechanism of injury was a rollover automobile accident. The patient had undergone T10-L2 thoracic spine fusion on March 7, 2013. The patient has had previous MRI of the spine which revealed a compression fracture of the anterior body of T12 as well as a disc bulge at L5-S1. Electrodiagnostic studies performed on March 5, 2014 revealed evidence of bilateral L4 radiculopathy, and could not exclude chronic L2-L3 radiculopathy. The disputed issue is a request for an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection for the lower back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection Section Page(s): 47.

**Decision rationale:** The patient has had previous MRI of the spine which revealed a compression fracture of the anterior body of T12 as well as a disc bulge at L5-S1.

Electrodiagnostic studies performed on March 5, 2014 revealed evidence of bilateral L4 radiculopathy, and could not exclude chronic L2-L3 radiculopathy. According to a progress note on July 9, 2014, the request for this particular epidural is at the L5-S1 level. The patient has had other conservative treatment with physical therapy, Neurontin, and Percocet. The patient reports her low back pain with associated burning and tingling in the right side. The physical examination on this note documents for motor strength. There is no other physical exam documentation indicative of lumbar radiculopathy in this note. Based upon this lack of documentation of physical exam findings, this request is not medically necessary.