

<b>Case Number:</b>	CM14-0133305		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Pain Management, 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 43 year old female with an injury date of 05/14/13. Based on the 06/10/14 progress report provided by [REDACTED] the patient complains of back pain rated 8/10 that radiates to her right lower extremity. She reports pain is associated with numbness, weakness and locking in right leg. Physical examination to the lumbar spine reveals tenderness to palpation with spasms to the bilateral paraspinal muscles. Range of motion is decreased, especially on extension 15 degrees. Sensory examination revealed decreased sensation at the right L4-L5 dermatome. Myotomes tested were 4/5 strength at the right L5 (great toe extensor) and L4(ankle extensor). She stretches and exercises at home. Per progress report dated 07/08/14, patient completed 12 physical therapy visits. It is also stated that she had Lumbar Epidural Steroid Injection x 1 with minimal to no relief, level and date unspecified. MRI of the Lumbar Spine 06/17/14- L4-L5: 3mm central disc protrusion with annular tear and mild bilateral neuroforamina narrowing Diagnosis 07/08/14- lumbar disc protrusion- lumbago Dr. [REDACTED] is requesting Lumbar epidural Steroid Injection, Right L4-5. The utilization review determination being challenged is dated 07/24/14. The rationale was not given. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/14 - 07/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, Right L4-5: Upheld**

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

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

**Decision rationale:** The patient presents with back pain rated 8/10 that radiates to her right lower extremity. The request is for Lumbar epidural Steroid Injection, Right L4-5. Diagnosis dated 07/08/14 includes lumbar disc protrusion and lumbago. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," Physical examination findings dated 06/10/14 support patient's right leg radicular symptoms. Sensory examination revealed decreased sensation at the right L4-L5 dermatome. Myotomes tested were 4/5 strength at the right L5 (great toe extensor) and L4(ankle extensor). However, MRI findings from imaging study dated 06/17/14 at L4-L5 level, reveal bilateral neuroforamina narrowing and central disc protrusion, which does not corroborate with right leg radiculopathy. Furthermore, per progress report dated 07/08/14, the treating physician indicates that the patient has had a Lumbar ESI (level nor date was specified), with minimal to no relief. MTUS require documentation of pain and functional improvement for repeat injections. The request does not meet MTUS criteria. The request is not medically necessary and appropriate.