

<b>Case Number:</b>	CM14-0163867		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/26/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational 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:

Patient is a 29 year-old female with date of injury 03/26/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/18/2014, lists subjective complaints as pain in the low back radiating down to the right and left leg, worse on the left. Objective findings: Tenderness to palpation of the muscles of the lower back. Range of motion was limited. Straight leg raising test was positive on the left at 35 degrees. Decreased sensation to touch in the left calf and foot and decreased strength on the left. Diagnosis: 1. Degenerative lumbar disc 2. Lumbar strain/sprain 3. Chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar epidural steroid injection (ESI) at L5-S1: Upheld**

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

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

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or

electrodiagnostic testing. The physical exam is suggestive of lumbar radiculopathy, but incomplete making it impossible to ascertain which nerve root is involved. In addition, there is no imaging study or EMG nerve conduction study available for review. Lumbar epidural steroid injection (ESI) at L5-S1 is not medically necessary.