

<b>Case Number:</b>	CM13-0027888		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/08/2001
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation 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 physician 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 39 years old male with a date of injury 11/8/2001. The review of available records indicates that patient is being treated for chronic low back pain. According to the note dated 8/28/2013, subjective findings include lumbar back pain that has intensified on right side, numbness in both feet and has not done back stretching exercise for 1 month. Objective findings include back is straight with normal lordotic curve, full lumbar range of motion, holds back slightly stiffly, tender L4-5 intersapce, no paraspinous muscle tenderness, spasms extending to the S1 joints. Decreased sensation to light touch and deep tendon reflexes were 2+ patella, achilles bilateral. At issue is the request for Avinza 90mg#30 and Lumbar Epidural Joint Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines (page 46), stipulates that "the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". MTUS further stated that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. There is no record of any electrodiagnostic studies showing evidence of nerve root compression or impingement therefore the request for Lumbar Epidural Joint Injection is not medically necessary.