

<b>Case Number:</b>	CM14-0117911		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on November 16, 2011. Subsequently he developed chronic back pain. According to a progress note dated on June 16, 2014, the patient continued to have intractable low back pain and bilateral hip pain. His physical examination demonstrated the lumbar tenderness with reduced range of motion, weakness in the left lower extremity and positive straight leg raising on the left. His MRI of the lumbar spine demonstrated the herniated disc at L5-S1 and L4-L5. The patient has a history of laminectomy at L5-S1. The patient was reported that he stated conservative therapy. The provider requested authorization for left lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left transforaminal lumbar epidural steroid injection at L4-L5, L5-S1 levels under fluoroscopy x1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no MRI or EMG reports supporting the diagnosis of active radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, lumbar epidural steroid injection is not medically necessary.