

<b>Case Number:</b>	CM14-0165682		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 pain Medicine and is licensed to practice in Florida. 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:

6/3/14 note indicates pain in the back. The insured was treated with an epidural injection 4/11/14 but continued to experience pain. The pain is aggravated by walking. Examination notes right EHL weakness of 4/5. There is diminished sensation over the entire right leg. SLR is positive on the right. Gaenslen's test is positive on the right. 6/20/14 MRI of lumbar spine notes bilateral neuroforaminal narrowing with compression of bilateral L5 nerves.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine epidural steroid injection to the L4-L5:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, eCriteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective

**Decision rationale:** ODG guidelines indicate that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records provided for review do not indicate physical exam findings consistent with radiculopathy as the sensory loss is reported over the entire right leg. Also there is an ESI done 4/11/14 that is reported to not provide any significant relief. Given the lack of pain relief, and the lack of demonstrated physical findings consistent with radiculopathy, repeat injection of epidural steroid injection is not medically necessary under ODG guidelines.