

<b>Case Number:</b>	CM14-0177078		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 52-year-old man who sustained a work-related injury on November 18, 2011. Subsequently, he developed with chronic back pain. The patient was treated with the acupuncture, physical therapy, pain medications and behavioral modification. His MRI of the lumbar spine performed on February 22, 2012 the demonstrated canal stenosis, disc protrusion to the and prominent narrowing. His EMG nerve conduction studies performed on the August 6, 2012 was normal. According to a progress report dated on August 5, 2014, the patient continued to have chronic back pain. The pain level was 0-1/10 with medications. The pain was associated with numbness in the left lower extremity. The patient physical examination demonstrated the lumbar tenderness with reduced range of motion. The patient was treated with the Anaprox, Norco, Prilosec, cyclobenzaprine and topical analgesics. The provider request authorization for epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI: L2-L3 levels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESIS).

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

**Decision rationale:** According to California Medical Treatment Utilization Schedule (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. There is no clear recent clinical, neurophysiological and radiological evidence of radiculopathy. Furthermore, there is a documentation that the patient pain is well controlled with pain medications and the need for epidural injection is not clear. Therefore, the request for Lumbar epidural steroid injection is not medically necessary