

<b>Case Number:</b>	CM14-0179621		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 51-year-old woman who sustained a work-related injury on June 25, 2011. Subsequently, the patient developed with chronic back pain. According to a progress report dated on September 3, 2014, the patient was complaining of chronic back pain radiating to the right leg. The patient pain severity was 8/10 and improved to 5/10. The patient was previously treated with 2 epidural injections without any relief. The patient physical examination demonstrated the positive straight leg raise on the right side and numbness the right thigh. The patient was diagnosed with low back pain and right lower extremity pain. The provider requested authorization for lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Injection L5/L6: 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 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. The patient previously received 2 epidural injections without documentation of any improvement. Therefore, the request for Lumbar epidural steroid injection is not medically necessary.