

<b>Case Number:</b>	CM14-0186143		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 35-year-old man who sustained a work-related injury on April 4, 2014. Subsequently, the patient developed chronic low back pain. The patient was treated with the Norco and Zanaflex without pain control. The patient MRI of the lumbar spine performed on July 17, 2014 demonstrated the left paracentral disc protrusion at the level of L5-S1 and right paracentral disc protrusion at the level of L4-L5. The patient was treated with the activity modification, medication management and for sessions of physical therapy. According to a progress report dated on September 15, 2014, the patient was complaining of chronic back pain radiating to both lower extremities with the pain severity is rated 9/10 interfering with his sleep. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, increased deep tendon reflexes in both lower and upper extremities and Negative straight leg raise bilaterally. 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:

**One (1) left interlaminar epidural steroid injection at the L4-L5 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 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 evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, One (1) left interlaminar epidural steroid injection at the L4-L5 level is not medically necessary.