

<b>Case Number:</b>	CM14-0186272		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/15/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 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 70 year old man who sustained a work-related injury on June 15 2008. Subsequently, the patient developed a chronic back pain. The patient was treated with ESI, back surgery and physical therapy. According to a progress report dated on October 9 2014, the patient was complaining of lumbar pain radiating to the right lower extremity. The patient physical examination demonstrated lumbar and thoracic tenderness with reduced range of motion. The patient underwent ESI on August 2014 without clear benefit. The patient was diagnosed with chronic back pain. The provider requested authorization for ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Lumbar Right Transforaminal Epidural Steroid Injection (ESI) L3-4 and L4-5 with Fluoroscopy And Iv Sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 log

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 ,radiological and neurophysiological evidence of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Furthermore, there is no clear benefit from a previous epidural injection. Therefore, the request for Outpatient Lumbar Right Transforaminal Epidural Steroid Injection L3-4 and L4-5 with Fluoroscopy And Iv Sedation is not medically necessary.