

<b>Case Number:</b>	CM14-0021399		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Neurological Surgery and is licensed to practice in California. 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 records, presented for review, indicate that the 52-year-old injured worker was injured in March 2012. There are ongoing complaints of low back pain and neck pain. Also noted were symptoms associated with carpal tunnel syndrome and a lateral epicondylitis. The urine drug screening was completed, and no specific findings were noted. A chronic lumbar radiculopathy was noted on electrodiagnostic testing completed in May 2013. A second injection was sought and certified. The physical examination noted tenderness and muscle spasm in the low back. An epidural steroid injection was completed in November 2013, and subsequent to the injection, there were ongoing complaints of low back pain. No objectified efficacy has been identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION AT RIGHT L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** As outlined in the guidelines, the criterion for an epidural steroid injection must be a verifiable radiculopathy. Beyond that, there has to be an objective physical

examination evidence to support this intervention. It is noted that a second epidural steroid injection had been attempted on an ameliorate symptomology. Given that there was little documentation of any utility with the second injection, there is no clinical indication to repeat a third injection. As such, the request is not medically necessary.