

<b>Case Number:</b>	CM14-0064487		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 48-year-old man, with a medical history of hypertension, who sustained a work-related injury on July 6, 2012. Subsequently, he sustained chronic low back and left leg pain. According to a consultation report dated January 24, 2014, the patient has been complaining of lower back pain. He rates his pain at a level of 8/10. In addition to pain, the patient reports difficulties with activities of daily living, difficulty walking/running, loss of range of motion, numbness, tingling, and weakness. MRI of the lumbar spine dated October 8, 2012 showed large right paracentral and posterior lateral disc protrusion at L4-5 with mass effect on the L4 nerve and probable impingement. Physical examination showed lumbar tenderness with reduced range of motion and spasm. Straight leg raise maneuver is moderately positive at bilateral L5 for radicular symptomatology. Facet distraction/loading maneuvers are positive moderately at axial lumbar pain. Sensation to light touch revealed diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral L5 root distribution. There is weakness on ankle plantar flexion bilaterally. The patient was diagnosed with disc displacement without myelopathy; ligamentum hypertrophy, lumbar stenosis with neurogenic claudication, and gait instability. No imaging studies, EMG studies and medications used for pain management were provided. The provider requested authorization for epidural steroid injection L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections 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. There is no documentation of the medications used to relief the pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes were noted grossly intact. No imaging or EMG studies documentation were provided by the provider. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for epidural steroid injection L4-5 is not medically necessary.