

<b>Case Number:</b>	CM14-0178365		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 32-year-old man who sustained a work-related injury on June 10, 2009. Subsequently, the patient developed chronic neck and back pain. According to the progress report dated August 5, 2014, the patient reported aching, sharp low back pain. Pain level was 7-8/10 and 6-7/10 with medication. Examination of the lumbar spine revealed decreased range of motion, pain of the right/left sciatic notch, right/left paraspinals, and of the lumbar spine. Positive straight leg raising at 15 degrees. Positive Braggard's test at 15 degrees. Positive Patrick Fabere's test on the left/right side. Positive iliac compression test of the right/left side. A UDS collected July 10, 2013 indicated that hydrocodone was not detected. A UDS collected August 07, 2014 tested negative for hydrocodone and positive of Marijuana. The patient was diagnosed with lumbar radiculopathy and lumbar spine displacement without radiculopathy. The provider requested authorization for ESI L4-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural steroid injection (ESIs) L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of 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. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). There is no documentation of patient compliance with his medications. Therefore, epidural steroid injection (ESIs) L4-S1 is not medically necessary.