

<b>Case Number:</b>	CM14-0197710		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old male reportedly sustained a cumulative work related injury on June 24, 2010 resulting in back injury. Diagnoses include lumbar spine radiculopathy, lumbar disc displacement and inguinal hernia repair. Per the doctor's note dated 10/27/2014. He had complaints of low back pain. The physical examination revealed lumbar spine- tenderness, spasm, decreased range of motion, positive straight leg raising, decreased sensation in L5-S1 distribution. Primary treating physician visit dated August 27, 2014 provides the injured worker complains of back pain and leg weakness with lumbar tenderness. The pain radiates down the legs bilaterally. Medications listed include Zanaflex 4mg, Tramadol 150mg and Prilosec 20mg. patient has had pool therapy, shockwave therapy and chiropractic care for this injury. Prior diagnostic study reports were not specified in the records provided. He has undergone inguinal hernia repair. On October 28 utilization review determined a request dated October 21, 2014 for L4-5 lumbar epidural injection non-certified. Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were cited in the determination. Application for independent medical review (IMR) is dated November 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 lumbar epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): page 46.

**Decision rationale:** Request: L4-5 lumbar epidural injection. The cited Guidelines regarding Epidural Steroid Injections state, The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are, 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Lumbar radiculopathy that is documented by physical examination and corroborated by imaging studies is not specified in the records provided. A failure to recent rehab efforts including physical therapy or continued home exercise program and pharmacotherapy are not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided do not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of L4-5 lumbar epidural injection is not fully established for this patient.