

<b>Case Number:</b>	CM14-0198080		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/06/1976
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/27/2014
<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. 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 59-year-old man year old who sustained a work-related injury on 1976 . Subsequently, the patient developed a chronic back pain. The patient was treated the with lumbar epidural steroid injection on February 2014 with good response according to a note from the patient. However, there is no objective documentation from the provider of functional improvement. Furthermore, the level of injection was not provided. According to a progress report dated on October 15, 2014, the patient was complaining of ongoing back pain with numbness in the right thigh despite the use of opioids.. The patient physical examination demonstrated reduced sensation over the lateral aspect of the right thigh and medial aspect of the right great toe. The patient MRI of the lumbar spine demonstrated right posterior paracentral disc protrusion . The provider requested authorization for lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One epidural steroid injection (ESI) of the lumbar spine as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no recent clinical, neurophysiological and radiological documentation that the patient is suffering from lumbar radiculopathy. Therefore, the request for one epidural steroid injection (ESI) of the lumbar spine as an outpatient is not medically necessary.