

<b>Case Number:</b>	CM14-0201649		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

This is a 50-year old male who suffered a work related injury on 01/14/2011. Diagnoses include lumbar disc herniation, chronic low back pain, arthritis of the right elbow, and bilateral shoulder surgery. Treatment has included past shoulder surgery, medications, epidural steroid injection to the lumbar spine on 7/11/2014 with no relief, physical therapy, and ice/heat. The injured worker complains of bilateral shoulder, right elbow and low back pain with left mid-thigh burning pain. A progress note dated 7/29/2014 documents the injured worker's pain is rated 6-7 out of 10 with pain medication, and with no medication everything is worse. Pain is in the both shoulders and low back pain left side lumbar and into the left thigh. Pain is constant, stabbing and burning. Gait is normal, and there is tenderness in the Sacral 1 joint bilaterally. Treatment request is for lumbar translaminar epidural steroid injection Utilization Review dated 10/24/2014 non-certified the request for lumbar translaminar epidural steroid injection citing California Medical Treatment Utilization Schedule Guidelines. The injured worker underwent prior epidural steroid injection on 7/11/2014 which did not help. Guidelines required documentation of at least 50% relief for at least 6 weeks prior to repeat epidural steroid injections. There was no recent detailed physical examination submitted for review. The most recent note was 3 months old.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Translaminar Epidural Steroid Injection at L5-S1 #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**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 evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L5-S1. Prior epidural injection did not result in significant improvement. Therefore, Lumbar Translaminar Epidural Steroid Injection at L5-S1 #2 is not medically necessary.