

<b>Case Number:</b>	CM14-0205632		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/01/2003
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 who sustained a work-related injury on June 1, 2003. Subsequently, the patient developed low back pain. According to a progress report dated November 3, 2014, the patient complained of pain in the back. The patient described the timing of her pain as constant. The patient described pain as aching, electric shock, sharp, and stabbing. The pain radiated to the bilateral lower extremity. She rated her average level of pain as an 8/10. The patient had tried physical therapy, and experienced some relief. She tried TENS therapy, pool therapy, and acupuncture, and experienced no relief. Examination of the lumbar spine revealed tenderness of the paraspinal musculature on the left side. There was increased tone and pain to palpation of the lumbar paraspinal, erector spinae, multifidi, and right gluteal muscles noted in the musculature of the lumbar spine. There were hyperirritable spots with palpable nodules in taut bands noted. Palpation of the greater trochanteric bursa on both sides revealed no tenderness. Anterior flexion of lumbar spine was noted to be 70 degrees, with pain. Extension of lumbar spine was noted to be 20 degrees and with pain. Left lateral flexion was noted to be 15 degrees, with pain. Right lateral flexion was noted to be 15 degrees with pain. There was significant left sided lumbar paraspinal pain on palpation. Radiating to the left lower extremity in L5 distribution. The patient was diagnosed with chronic low back pain, lumbar/thoracic radiculopathy, and lumbar degenerative disc disease. The provider requested authorization for Lumbar ESI- with Fluoroscopy at L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI- with Fluoroscopy at L5: Upheld**

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

**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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Lumbar ESI with fluoroscopy at L5 is not medically necessary.