

<b>Case Number:</b>	CM14-0208170		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 52-year-old man who sustained a work-related injury on November 26, 2013. Subsequently, the patient developed low back pain. According to a progress report dated November 12, 2014, the patient complained of low back pain, which was rated at 5-6/10 and radiated to the middle back with bilateral leg numbness and tingling. On examination, there was positive straight leg raise bilaterally, right greater than left. there was diminished sensation of right foot. There was tenderness at lumbar spine paravertebral muscles. The patient was diagnosed with brachial neuritis, lumbosacral neuritis, and sprain of thoracic region. The patient was noted to have 1 authorized unspecified injection procedure. The provider requested authorization for Epidural Steroid Injection for The Lumbar Spine L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural Steroid Injection for the Lumbar Spine L4-5: 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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is not an EMG/NCV study documenting radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for L4-5 lumbar epidural steroid injection is not medically necessary.