

<b>Case Number:</b>	CM14-0212894		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 59-year-old man who sustained a work-related injury on September 17, 2013. Subsequently, the patient developed a chronic back pain. According to a progress report dated on November 12, 2014, the patient was complaining of ongoing back pain. The patient physical examination demonstrated antalgic gait, lumbar tenderness with reduced range of motion, decreased sensation in the right L4 and S1 dermatome. The patient was diagnosed with lumbar radiculopathy. The patient was treated with at least with 2 epidural steroid injections, however there is no documentation of significant pain and functional improvement. The provider requested authorization for another epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (. The patient was treated with at least with 2 epidural steroid injections, however there is no documentation of significant pain and functional improvement. Therefore, the request for a third lumbar epidural steroid injection is not medically necessary.