

<b>Case Number:</b>	CM14-0084120		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 51 year old male was injured on 10/2/13 after falling backwards three feet and landing on his back. The injured worker complained of severe constant pain, radiating to left greater than right leg. The past medical history included a rear-end motor vehicle accident (2007) at which time he experienced back pain. MRI (10/18/13) demonstrated mild central canal narrowing at L4-5, moderate narrowing of bilateral recesses with possible impingement on the traversing L5 root bilaterally, moderate left and mild right neural foraminal narrowing; L5-S1, 3 millimeter (mm) annular disc bulge largest in the right paracentral zone; L3-4, 1-2 mm disc osteophyte complex and facet hypertrophy with mild central canal narrowing; superimposed congenital narrowing at the spinal canal on a developmental basis. The injured worker was using crutches for ambulation as his legs were giving out on him. By 3/10/14 the injured worker continued to experience severe back pain and muscle spasms with radiating pain up his spine and migraine headaches despite having had 10 physical therapy sessions. The range of motion of the lumbar spine is decreased. His medications include Soma and Norco. Electrodiagnostic studies (4/4/14) demonstrated left lower paraspinal denervation potentially consistent with a left lumbar radiculopathy. The nerve conduction studies were unremarkable. The injured workers condition remained unchanged (4/21/14), epidural steroid injections were requested along with discussion of surgical option. He remained temporarily totally disabled. On 5/6/14 Utilization Review non-certified the request for epidural steroid injection lumbar spine L5-S1 based on no documentation of physical signs of radiculopathy and no diagnostic study corroborating the presence of L5-S1 radiculopathy. MTUS Chronic Pain Guideline was referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection (ESIs) L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) 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. The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, Epidural Steroid Injection (ESIs) L5-S1 is not medically necessary.