

<b>Case Number:</b>	CM15-0004084		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is 51 year old male who sustained a work related injury on April 9, 2014, after injuring his back causing neck and back injuries. Treatments included pain medications, physical therapy, orthopedic consultation, pain management, chiropractic treatments and acupuncture treatments. Magnetic Resonance Imaging (MRI) revealed multiple disc disease with disc protrusions. Diagnoses included lumbar disc protrusion, lumbar pain, lumbar sprain, stenosis and lumbar radiculopathy. Currently, the injured worker presented with complaints of dull to sharp pain in the lower back and increases with prolonged standing, bending, stooping, pushing pulling, lifting, twisting and turning. On November 24, 2014, a request for a lumbar epidural steroid injection was received. On December 30, 2014, a request for a lumbar sacral epidural steroid injection, was non-certified by Utilization Review, noting ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Epidural Steroid Injection L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection to lumbar spine L5- S1 is not medically necessary. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain with views in conjunction with active rehabilitation efforts. The criteria for use of epidural steroid injections include, but are not limited to, radiculopathy (due to herniated nucleus pulposis, not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic studies; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response; etc. See the ODG for details. In this case, the injured worker's working diagnoses are lumbago; sciatica; lumbar radiculitis; herniated disc, lumbar spine; herniated disc, lumbosacral spine; lumbar spinal stenosis; disc disorder with myelopathy, lumbar spine; disc degeneration, lumbar spine; and lumbar facet arthropathy. Subjectively, the injured worker complains of low back pain. The documentation does not contain evidence of radiculopathy. Objectively, there is tenderness to palpation of the lumbar paraspinal muscle groups associated with spasm. Lumbar facet test is positive. Strictly raising his positive at 45 on the right and negative on the left. Sensation is decreased in the right lower extremity. Motor strength is 4/5 in the muscle groups on the right lower extremity. The documentation does not contain subjective complaints of radiculopathy. On physical examination, the treating physician documents sensation is decreased in the right lower extremity and motor strength is 4/5. Additionally, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic studies. The record does not contain imaging studies or electrodiagnostic studies to corroborate the presence of radiculopathy. Consequently, absent clinical documentation with imaging studies and/or electrodiagnostic studies to support performing an epidural steroid injection, lumbar epidural steroid injection L5- S1 is not medically necessary.