

<b>Case Number:</b>	CM15-0005279		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 43 year old male who sustained an industrial industrial injury on July 9, 2014. He has reported neck pain, midback pain, and low back pain and has been diagnosed with sprain/strain cervical, sprain/strain thoracic spine, sprain/strain of lumbosacral spine, and lumbar herniated nucleus pulposus. Treatment to date has included medical imaging, physical therapy, medications, and modified activity. Currently the injured worker complains of dull throbbing, stabbing, sharp pain that radiates to the mid back. Aggravated by movement of the neck. The treatment plan has included medication and a urine drug screen. On December 10, 2014 Utilization review non certified lumbar epidural steroid injections quantity, level, and laterally citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injections, unspecified quantity, level, and laterality:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with neck pain, mid-back/low back pain. The treater has asked for LUMBAR EPIDURAL STEROID INJECTIONS, UNSPECIFIED QUANTITY, LEVEL, AND LATERALITY on 11/19/14. Review of the reports do not show any evidence of epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. A lumbar MRI dated 8/26/14 showed L5-S1 grade 1 degenerative retrolisthesis with circumferential 4mm disc bulge and facet/ligamentum flavum hypertrophy. No spinal stenosis or neural compression. Otherwise unremarkable lumbar spine MRI, per 11/19/14 report. In this case, the patient has chronic back pain. A prior lumbar MRI shows a 4mm disc at L5-S1. There are no physical exam results, however, to confirm a diagnosis of radiculopathy. In addition, there is no documentation of radiating pain to the lower extremities. MTUS indicates epidural steroid injections for the treatment of radicular pain which this patient does not have. The requested epidural steroid injection IS NOT medically necessary.