

<b>Case Number:</b>	CM15-0102955		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New Jersey, Alabama, 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 injured worker is a 49-year-old female who sustained an industrial injury on 10/15/14. Initial complaints include pain in the upper back and shoulders. Initial diagnoses include pain in the bilateral shoulders, sprain/strain of the right shoulder, and muscle spasms of the back and neck. Treatments to date include medication and cold/heat therapy. Diagnostic studies include x-rays. Current complaints include lumbar spine and bilateral leg pain. Current diagnoses include lumbar spine strain/sprain with bilateral leg radiation, and spondylitis, and right shoulder impingement syndrome. In a progress note dated 04/20/15, the treating provider reports the plan of care as 3 lumbar epidural steroid injections, medications including Naproxen, Flexeril, and Protonix, and a MRI of the right shoulder. The requested treatments include 3 lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESFI x3:** 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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for 3 LESFI is not medically necessary.