

<b>Case Number:</b>	CM15-0108902		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 64 year old female, who sustained an industrial injury on April 4, 2003. The injured worker was diagnosed as having myofascial pain syndrome and lumbar radiculitis, degenerative disc disease (DDD) and facet arthropathy. Treatment to date has included epidural steroid injection and medication. A progress note dated May 4, 2015 provides the injured worker complains of back pain radiating to lower extremities with occasional numbness and tingling. Physical exam notes lumbar and iliac spine tenderness with straight leg raise. The plan includes epidural steroid injection, Tramadol, Celebrex and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient L4-L5 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection 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. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Outpatient L4-L5 epidural steroid injection is not medically necessary.