

<b>Case Number:</b>	CM15-0020358		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona  
 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 34-year-old male who reported an injury on 11/03/2014. There was a Request for Authorization submitted for review dated 01/10/2015. The mechanism of injury was the injured worker was in the back of a pickup truck picking up a 5 gallon bucket of paint when he felt a sharp pain in his low back. The documentation of 12/29/2014 revealed that the injured worker was treated with medications, 12 sessions of therapy, an x-ray, and a back brace. The injured worker underwent an MRI of the lumbar spine on 12/09/2014 which revealed at the level of L4-5, there was a 3 mm posterior midline disc protrusion with mild central canal stenosis with neural foraminal stenosis. The facet joints were normal. The subjective complaints included pain across the low back and down the bilateral legs to the soles of his feet. The surgical history was stated to be none. The injured worker had utilized medications, however, the names were unknown. The treatment plan included an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection to L4-5 with pain management physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300, 309.  
 Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter Epidural steroid injections (ESIs), therapeutic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections, Therapeutic.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that invasive techniques are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in injured workers with compression due to a herniated nucleus pulposus, this treatment offers no long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is lacking, many physicians believe that diagnostic or therapeutic injections may have benefit in injured workers presenting in the transitional phase between acute and chronic pain. They do not specifically address the criteria for the use of epidural steroid injections in the acute phase. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that epidural steroid injections are recommended when there is documentation of radicular findings upon physical examination that are corroborated by imaging studies or electrodiagnostic testing. There should be documentation that the pain is initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. Injections should be performed under fluoroscopy. The clinical documentation submitted for review failed to indicate the injured worker had radicular findings upon physical examination. The MRI failed to provide documentation of nerve impingement. There was a lack of documentation indicating the injured worker had a failure of conservative care, including exercises, physical methods, NSAIDs, and muscle relaxants. The documentation indicated the injured worker had undergone physical therapy and medication. Given the above, the request for epidural steroid injection to L4-5 with pain management physician is not medically necessary.