

<b>Case Number:</b>	CM15-0032876		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Michigan, 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 72 year old male, who sustained an industrial injury reported on 6/15/2004. He reported radiating low back pain. The diagnoses were noted to include lumbosacral spondylosis with disc herniation and granulation tissue; status-post lumbar decompression, x 2; back space; chronic right leg neuropathy/radiculopathy; diabetes; and chronic, and acute, pain. Treatments to date have included consultations; diagnostic imaging studies; lumbar decompression surgery, x 2; physical therapy; injection therapy; and medication management. The work status classification for this injured worker (IW) was not noted. On 2/4/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 3/7/2014, for a lumbar epidural block, because no levels were provided. The Medical Treatment Utilization Schedule, chronic pain, radiculopathy, epidural steroid injection therapy, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural block (no blocks given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI) 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. In addition, in this case, the physical examination revealed right S1 radiculopathy; however, there is no document on which level the request for the injection was made for. Therefore, the request for Lumbar epidural block (no blocks given) is not medically necessary.