

<b>Case Number:</b>	CM15-0041046		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 55-year-old male, who sustained an industrial injury on January 17, 2012. The injured worker was diagnosed as having cervicalgia, cervical and lumbar radiculopathy, lumbar disc protrusion and facet dysfunction with surgery, spinal stenosis and degenerative disc disease (DDD). A progress note dated December 22, 2014 the injured worker complains of headaches, neck pain and low back pain. He reports a cracking sensation in his back. Physical exam notes tenderness over the entire spine and extremity weakness. Recent X-rays and magnetic resonance imaging (MRI) were consistent with diagnoses. Pain management feels the injured worker has subjective and objective evidence of disc herniation and is therefore requesting epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 and L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 EMG/NCV findings. There was no documentation of spinal cord or nerve root compromise noted on the patient's lumbar spine MRI. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for L4-5 and L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopy is not medically necessary.