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| <b>Case Number:</b>   | CM15-0041790 |                              |            |
| <b>Date Assigned:</b> | 03/12/2015   | <b>Date of Injury:</b>       | 12/06/2007 |
| <b>Decision Date:</b> | 04/21/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2015 |

### 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, 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 58-year-old male, who sustained an industrial injury on December 6, 2007. He reported opening a gate and falling, with low back pain and numbness over the thighs. The injured worker was diagnosed as having chronic right shoulder girdle pain primarily along the right trapezius, multilevel lumbar disc degeneration/spondylosis primarily L2-L3 and L3-L4 with moderate central canal stenosis (transitional segment), low back pain with bilateral lumbar radicular pain, cystic changes along the dens probable incidental finding, and diabetes mellitus. Treatment to date has included epidural steroid injection (ESI), physical therapy, modified activities, and medication. Currently, the injured worker complains of low back pain extending down both legs. The Treating Physician's report dated February 24, 2015, noted a lumbar spine MRI dated January 10, 2015, showed a 6mm protrusion at L2-L3, a 5mm protrusion at L3-L4, with moderate spinal stenosis at both levels, and moderate central canal stenosis at the L2-L3 and L3-L4 levels with a transitional segment. The injured worker was noted to wish to proceed with a lumbar epidural steroid injection (ESI) in order to avoid a lumbar decompression and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal Epidural Steroid Injection (ESI), Lumbar L3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. 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, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). MTUS guidelines, recommended repeat epidural injection is considered only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. The patient did not fulfill criteria. Therefore, the request for Bilateral Transforaminal Epidural Steroid Injection (ESI), Lumbar L3-4 is not medically necessary.