

<b>Case Number:</b>	CM15-0045181		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 66-year-old female, with a reported date of injury of 05/31/2011. The diagnoses include myofascial pain syndrome, lumbar radiculopathy, chronic low back pain with radicular symptoms, and lumbar spondylosis. Treatments to date have included acupuncture, oral medications, electrodiagnostic studies, an MRI of the lumbar spine, an x-ray of the lumbar spine, and radiofrequency denervation of the bilateral L4, L5, and S1 levels. The progress report dated 02/13/2015 indicates that the injured worker reported worsening pain in her low back radiating down her right lower extremity. She rated the pain 9 out of 10. The physical examination showed tenderness to palpation and spasticity of the lumbar paraspinal muscles, distribution of pain down the L2 and L3 dermatomes of the right lower extremity, limited lumbar range of motion due to pain and tightness, and a mild antalgic gait. The treatment plan included an MRI of the lumbar spine, back support, and a lumbar epidural steroid injection at the L2-3 level in addition to a home exercise program. The treating physician requested a lumbar epidural steroid injection at L2-3 under intravenous (IV) sedation to reduce pain and inflammation and to restore range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at the L2-3 level under IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**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. According to the patient's file, the EMG/NCV study dated June 26, 2013 was unremarkable. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for lumbar epidural steroid injection at the L2-3 level under IV sedation is not medically necessary.