

<b>Case Number:</b>	CM15-0053590		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/13/1999
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 female, who sustained an industrial injury on April 13, 1999. The injured worker was diagnosed as having a right foot crushing injury, nerve entrapment, lumbosacral radiculitis, and lumbar region sprain. Treatment to date has included MRI, lumbar epidural steroid injections, heat, home exercise program, and oral pain, topical pain, anti-epilepsy, and muscle relaxant medications. On January 28, 2015, the injured worker complains of low back pain radiating into the bilateral legs, greater in the right than the left. Associated symptoms include right leg numbness and tingling, and decreased range of motion. He walks with a cane. The physical exam revealed tenderness and spasm in the right paravertebral lumbar region, decreased range of motion, and an antalgic gait. There was hypoesthesia in the right lumbar 5-sacral 1 distribution, normal motor strength and deep tendon reflexes of the bilateral lower extremities, negative Babinski and Hoffman signs, and negative clonus. The treatment plan includes a request for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural cortisone injection of L4-L5 and L5-S1 with conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections 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. 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 MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar epidural cortisone injection of L4-L5 and L5-S1 with conscious sedation is not medically necessary.