

<b>Case Number:</b>	CM15-0056613		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/04/1997
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 57 year old female, who sustained an industrial injury on 12/04/1997. The injured worker was diagnosed as having lumbar and cervical radiculopathy and lumbar herniated nucleus pulposus. Treatment to date has included medications, physical therapy, magnetic resonance imaging, and electromyogram and nerve conduction studies. Currently, the injured worker complains of low back pain with lower extremity paresthesias and neck pain with upper extremity paresthesias. A lumbar support was used and documented as working well. Current medications included Fioricet, Soma, Motrin, Fiorinal/Codeine capsules, Flexaril, Aleve, and Ultracet. The treatment plan included neurosurgical consultation and lumbar epidurals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 epidural steroid injections:** Upheld

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

**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. In addition, per MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies. The EMG/NCV study performed on June 6, 2013 was normal. MTUS guidelines do not recommend epidural injections without radiculopathy (309). Therefore, the request for series of 3 Epidural Injections is not medically necessary.