

<b>Case Number:</b>	CM15-0084323		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: California  
Certification(s)/Specialty: Internal 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:

This 47-year-old man sustained an industrial injury on 8/10/2011. The mechanism of injury is not detailed. Diagnoses include myofascial sprain/strain of the lumbosacral spine, lumbosacral spine degenerative disc disease, and lumbar radiculopathy. Treatment has included oral medications. Physician notes dated 2/10/2015 show complaints of low back pain rated 2-6/10. Recommendations include continue home exercise program and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) outpatient Interlaminar Epidural Steroid Injection (ESI) at the Bilateral L4-L5 Level (Lumbar): 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): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM)

2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physiatry pain evaluation report dated February 10, 2015 documented subjective complaints of pain in the lower back. No radicular pain was documented. Examination of the lumbosacral spine demonstrated normal lordosis. On palpation, the patient has tenderness over the lumbosacral spine and paraspinal muscle with minimal stiffness. There is no spasm. Range of motion is painful, although within normal limits. Straight leg raise in sitting and supine is negative. Fabere-Patrick, extension and Gaenslen's tests are negative. Neurological exam had no new change. Gait is functional. The physiatry pain evaluation report dated May 5, 2015 documented subjective complaints of pain in the lower back. No radicular pain was documented. Examination of the lumbosacral spine demonstrated normal lordosis. On palpation, the patient has tenderness over the lumbosacral spine, coccyx and paraspinal muscles. There is no stiffness or spasm. Range of motion is painful, although within normal limits. Straight leg raise in sitting and supine is negative. Fabere-Patrick, extension and Gaenslen's tests are negative. Neurological exam had no new change. Gait is functional. MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physiatry pain evaluation reports dated 2/10/15 and 5/5/15 did not document radicular pain. No physical examination findings of radiculopathy was documented. Therefore, the request for L4-L5 epidural steroid injection is not supported. The request for L4-L5 epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for epidural steroid injection is not medically necessary.