

<b>Case Number:</b>	CM15-0087284		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Alabama, 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 50-year-old female, who sustained an industrial injury on February 10, 2011 while working as a janitor and then an office clerk. The mechanism of injury was cumulative trauma. The injured worker has been treated for neck and low back complaints. The diagnoses have included lumbar facet hypertrophy, lumbar disc bulge, left lumbar radiculitis and sciatica, right cervical radiculitis, cervical disc herniation/probable, cervical sprain/strain and chronic myofascial syndrome. Treatment to date has included medications, radiological studies, electro diagnostic studies, physical therapy, a transcutaneous electrical nerve stimulation unit, and home exercise program and chiropractic therapy. Current documentation dated April 10, 2015 notes that the injured worker reported constant neck and low back pain that radiated to the right upper extremity and left lower extremity with associated paresthesia, numbness and tingling. The neck pain was noted to be greater than the low back pain. The pain was rated a five-six out of ten on the visual analogue scale. Examination of the lumbar and cervical spine revealed tenderness, paravertebral muscle spasms and a restricted range of motion. Special orthopedic testing was noted to be positive. The treating physician's plan of care included a request for left-sided lumbar five, sacral one transforaminal or caudal epidural steroid injections due to the severe low back pain with radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left side transforaminal or caudal epidural steroid injections at L5, S1: 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 including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Left side transforaminal or caudal epidural steroid injections at L5, S1 is not medically necessary.