

<b>Case Number:</b>	CM14-0121924		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old man who sustained a work-related injury on June 8, 2013. Subsequently, he developed chronic back pain. According to a progress report dated on June 10, 2014, the patient was complaining of low back pain radiating to the left lower extremity with numbness. The pain severity was rated the past 4-6/10 with medications and 8/10 without medications. Previously, the patient was treated with physical therapy, acupuncture, chiropractic treatment. His physical examination demonstrated lumbar tenderness with reduced range of motion, positive facet sign, decreased sensation in the territory of L5-S1 dermatoma on the left side. His EMG nerve conduction studies performed on March 17, 2014 demonstrated acute bilateral L5 radiculopathy, left mild sural sensory demyelinating polyneuropathy and mild bilateral plantar sensory demyelinating polyneuropathy. His MRI of the lumbar spine performed on September 3, 2013 demonstrated L4-L5 broad-based disc protrusion, spinal canal as well as bilateral lateral recess and neural foraminal narrowing. The provider requested authorization for left the epidural steroid injection and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection 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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, and although there is some clinical and EMG findings suggestive of left L5-S1 radiculopathy, there is no clinical and objective documentation of radiculopathy at level of L4-5. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Left L4-S1 transforaminal epidural steroid injection is not medically necessary.