

<b>Case Number:</b>	CM14-0149538		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Practice and is licensed to practice in California. 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 47 years old male claimant sustained a work injury on 12/1/95 involving the low back. He was diagnosed with chronic lumbar pain. An MRI in 2011 showed lumbar discopathy of L4-L5. The claimant had undergone therapy, acupuncture and oral analgesics. A progress note on 8/14/14 indicated the claimant had continued 4/10 back pain. Exam findings were notable for palpatory tenderness in the low back and reduced range of motion of the lumbar spine. The treating physician requested a lumbar epidural steroid injection (LESI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-L5 Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In

this case, the claimant did not have a herniated nucleus pulposus. There was no evidence that an LESI would offer lasting benefit. The request, therefore, for a lumbar epidural steroid injections is not medically necessary.