

<b>Case Number:</b>	CM14-0163669		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/19/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 injured worker is a 58-year-old man who sustained a work-related injury on April 19, 2014. Subsequently he developed with chronic back pain associated with left shoulder and left knee pain. His MRI of the lumbosacral spine performed on July 17, 2014 demonstrated the L3-L5 disc disease. According to progress report dated on September 19, 2014, the injured worker was complaining of low back pain and left shoulder pain. His physical examination demonstrated bilateral shoulder tenderness with the positive impingement test and trigger point on the supraspinous muscle. The neurologic examination was normal. The injured worker was treated with topical analgesics and tramadol. The provider requested authorization to use Lumbar Epidural Steroid Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection, Left L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 injured worker file does not document that the injured worker is candidate for surgery. In addition, there is no evidence that the injured worker has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy. An MTUS guideline does not recommend epidural injections for back pain without radiculopathy. Therefore, Lumbar Epidural Steroid Injection is not medically necessary.