

<b>Case Number:</b>	CM14-0154253		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. 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, Michigan, 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 a 36 year old male, who sustained an industrial injury on October 13, 2011. The diagnoses have included lumbar radiculopathy. Treatment to date has included home exercise program and core strengthening exercises. Currently, the injured worker complains of low back pain with traveling pain to his lower extremities with numbness, tingling and weakness. On September 10, 2014 Utilization Review non-certified a bilateral L4-L5 and L5-S1 epidural steroid injection quantity four, noting, Medical Treatment Utilization Schedule Guidelines was cited. On September 2, 2014, the injured worker submitted an application for IMR for review of bilateral L4-L5 and L5-S1 epidural steroid injection quantity four.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L4-L5, L5-S1 EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for BILATERAL L4-L5, L5-S1 EPIDURAL STEROID INJECTION is not medically necessary.