

<b>Case Number:</b>	CM14-0178527		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/29/2002
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 73-year-old man who sustained a work related injury on May 29, 2002. The patient was reported to have chronic low back pain. According to the progress report dated October 2, 2014, the patient reported temporary relief from past epidural injections; however, his low back pain had returned worse than before. Objective findings included tender disc on deep palpation at L2-L3/L3-L4. Straight leg raise was decreased on the right leg. In the orthopedic report dated September 16, 2014, Dr. [REDACTED] commented that epidural injections were really not first choice for this patient. The patient was diagnosed with lumbar spine disc protrusion and sprain rotator cuff. The provider requested authorization for epidural injection at the L2-3, L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 epidural injection at the L2-3, L3-4 with Dr. [REDACTED], pain management anesthesiologist at Spanish Hills Surgery Center between 9/16/2014 and 12/6/2014: 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. Furthermore, the patient reported temporary relief from past epidural injections; however, his low back pain had returned worse than before. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, epidural injection at the L2-3, L3-4 is not medically necessary.