

<b>Case Number:</b>	CM14-0219270		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/20/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury 09/20/2006. He has reported lower back pain. The diagnoses have included lumbar facet syndrome, lumbar/lumbosacral disc degeneration and other back symptoms. Treatment to date has included Norco, Lidocaine, and nerve block on left side, right lumbar facet medial branch rhizotomies, transforaminal epidural steroid injections, MRI of lumbar spine and electromyography/nerve conduction study. Currently, the Injured Worker complains of progression of lower back pain. Treatment plan included Bilateral L5 Epidural Injection and to continue with current medication regimen. On 12/16/2014 the Utilization Review non-certified a Bilateral L5 Epidural Injection, noting the lack of medical necessity. The MTUS ACOEM Guidelines was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Bilateral L5 Epidural Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 epidural injection; quantity 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (ESI) 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 pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had previously received ESI and numerous invasive procedures without lasting pain relief or sustained improved function. The request, therefore, for lumbar epidural steroid injections is not medically necessary.