

<b>Case Number:</b>	CM14-0032896		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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:

38 yr. old male claimant sustained a work injury on 7/2/12 involving multiple regions. He was diagnosed with lumbar strain with radiculitis, left shoulder impingement syndrome, left ankle strain, thoracic strain and TMJ. He had undergone physical therapy and used topical analgesics for pain. A progress note on 5/5/14 indicted the claimant had 6/10 pain. Exam findings specific to the low back were notable for tenderness to palpation of the paraspinal muscles and spasms with restricted range of motion. Straight leg raise test was positive bilaterally. A prior visit request had been made for 2 epidural injections for the lumbar spine. The physician had requested physical therapy and an EMG/NCV his visit. A progress note on 9/3/14 indicated the claimant had 6/10 pain. Exam findings specific to the low back were notable for tenderness to palpation of the paraspinal muscles and spasms with restricted range of motion. An MRI of the lumbar spine was unremarkable. In December 2014 his exam findings and symptoms were unchanged. He had completed 24 sessions of physical therapy and 23 sessions of chiropractor therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injections x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines ([http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm))

**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. The request, therefore, is not medically necessary.