

<b>Case Number:</b>	CM15-0005107		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 35 year old male, who sustained an industrial injury on 11/5/13. He has reported low back pain. The diagnoses have included low back pain. He has had no particular treatments for his back pain, uses Advil. (MRI) magnetic resonance imaging of lumbar spine performed on 11/6/14 revealed mild right lateral/intraforminal disc protrusion and minimal left lateral intraforminal disc protrusion, minimal disc bulge at L3-4, L4-5 and L5-S1. (CT) computerized tomography scan and x-rays were also performed on the lumbar spine. Currently, the IW complains of low back pain and numbness of lower left extremity. Physical exam performed on 10/7/14 revealed adequate range of motion of the lumbosacral spine and no sensory abnormalities. On 12/15/14 Utilization Review non-certified L3-L4 lumbar epidural steroid injection and right L5-S1 transforaminal nerve root block, series of three, noting insufficient evidence. The MTUS, ACOEM Guidelines, was cited. On 1/9/15, the injured worker submitted an application for IMR for review of L3-L4 lumbar epidural steroid injection and right L5-S1 transforaminal nerve root block, series of three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination or EMG studies of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, L3-4 Lumbar Epidural Steroid Injection is not medically necessary.

**Right L5-S1 Transforaminal Nerve Root Block, series of three:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination or EMG studies of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no rational for scheduling 3 epidural injections without documentation of the first and second injections. Therefore, Right L5-S1 Transforaminal Nerve Root Block, series of three is not medically necessary.