

<b>Case Number:</b>	CM15-0010365		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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 55 year old female, who sustained an industrial injury on August 26, 2009. She has reported injury to her lower back. The diagnoses have included low back pain, arthrosis facet lumbar, lumbar degenerative disc disease and sacroiliitis. Treatment to date has included diagnostic studies, physical therapy, acupuncture and medications. Currently, the injured worker complains of axial pain in the lumbar spine with mild radiation to the left anterior thigh along with a mild tingling sensation of the anterior thigh. The pain was rated between a 3-9 on the 1-10 pain scale. Her range of motion was noted to be limited due to the pain. On January 8, 2015, Utilization Review non-certified lumbar epidurals x3, noting the California Chronic Pain Medical Treatment Guideline. On January 19, 2015, the injured worker submitted an application for Independent Medical Review for review of lumbar epidurals x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidurals X 3:** 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): 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). There is no justification of multiple epidural injections without documentation of safety and efficacy. Therefore, the request for Lumbar Epidurals X 3 is not medically necessary.