

<b>Case Number:</b>	CM15-0015344		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	07/06/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency 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 44 year old female injured worker suffered an industrial injury on 08/13/2013. The diagnoses included lumbar bulging disc with left leg radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections, physical therapy, chiropractic therapy and medications. On 12/8/2014, the treating provider reported low back pain that radiated to the posterior left leg rated 7/10. The injured worker received an epidural steroid injection on 11/18/2014 with improvement of pain of 50% to 60%, however the pain returned. The treatment plan included lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Lumbar Epidural Steroid Injection (midline): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, documentation in the medical record does not support the diagnosis of radiculopathy. In addition, prior treatment with epidural steroid injection has been unsuccessful. Lack of past success is an indicator that future success is unlikely. The request for Lumbar Epidural Steroid Injection (midline) is not medically necessary.