

<b>Case Number:</b>	CM15-0111673		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Alabama, 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 63 year old male, who sustained an industrial injury on August 11, 2009. The injured worker reported an injury to his knee and had knee surgery. Following the knee surgery the injured worker reported low back pain. Treatment to date has included MRI of the lumbar spine and medications. Currently, the injured worker complains of irritation coming down his right lower extremity. He rates his right lower extremity symptoms a 7 on a 10-point scale and his left lower extremity symptoms a 6 on a 10-point scale. He reports associated bilateral numbness. The injured worker reports that he cannot stand for any appreciable amount of time as the pain in his back and legs becomes worse. On physical examination the injured worker has weakness of the anterior tibialis and the evaluating physician rates this 3/5 weakness in the bilateral anterior tibialis. He has good plantar flexion bilaterally and decreased sensation in the feet. The diagnoses associated with the request include lumbago and lumbar radiculopathy. The treatment plan includes MRI of the lumbar spine, work restrictions, and lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 lumbar epidural steroid injection at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

**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. In this case, the patient's file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient was unresponsive to conservative treatment such as physical therapy, NSAIDS, and muscle relaxants. Furthermore, a second injection is warranted only if there is documentation of sustained pain relief, functional improvement and/or reduction in pain medications use from a previous use of steroid epidural injection. Therefore, the request for 2 lumbar epidural steroid injection at L4-L5 is not medically necessary.