

<b>Case Number:</b>	CM15-0116730		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 29 year old female, who sustained an industrial injury on June 10, 2013, incurring low back and shoulder injuries. She was diagnosed with lumbar disc disease with disc bulging, spinal stenosis, radiculitis, radiculopathy, and right shoulder sprain. Treatments included a shoulder arthroscopy and injections, anti-inflammatory drugs, pain medications, physical therapy, epidural steroid injection, and work restrictions. Currently, the injured worker complained of pain in the lower back with radicular symptoms into the right and left leg with weakness and numbness in the legs, feet and toes. Symptoms were aggravated with prolonged sitting and standing. The treatment plan that was requested for authorization included a second lumbar spine epidural steroid injection and outpatient laboratory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second lumbar spine epidural steroid injection at levels L1-L2 and L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section.

**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's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there are no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no documentation of the efficacy of previous epidural injection. Therefore, the request for second lumbar spine epidural steroid injection at levels L1-L2 and L4-L5 is not medically necessary.

**Outpatient labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical System Labs (ICSI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.