

<b>Case Number:</b>	CM15-0117991		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 46-year-old female, who sustained an industrial injury on 5/13/11. She reported pain in the head, neck, right arm, hip, and spine. The injured worker was diagnosed as having recurrent lumbar radiculopathy secondary to multilevel lumbar disc disease with improvement following previous lumbar epidural steroid injections. Treatment to date has included Cortisone injections to the neck and back, trigger point injections to the spine, right shoulder arthroscopy, physical therapy, and medication. Currently, the injured worker complains of low back pain and right leg pain with numbness and weakness. The treating physician requested authorization for repeat lumbar epidural steroid injection at right L5-S1 with fluoroscopic imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar ESI right L5-S1 with fluoroscopic imaging:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

**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 recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, Repeat lumbar ESI right L5-S1 with fluoroscopic imaging is not medically necessary.