

<b>Case Number:</b>	CM15-0122152		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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:

This injured worker is a 41 year old male, who reported an industrial injury on 9/23/2014. His diagnoses, and or impressions, were noted to include: lumbosacral radiculopathy; and inter-vertebral disc disorder. Recent magnetic imaging studies of the lumbar spine were done on 12/4/2014, noting abnormal findings. Recent electrodiagnostic studies of the bilateral lower extremities were noted done on 3/24/2015, revealing no abnormal findings. His treatments were noted to include trial of steroid injections; physical therapy; a home exercise program; medication management; and modified work duties. The progress notes of 4/29/2015 reported complaints which included constant, radiating low back pain with stiffness and spasms, which interferes with his activities of daily living and ability to work. Objective findings were noted to include an antalgic gait; decreased lumbar range-of-motion with tenderness over the sciatic notch; positive bilateral straight leg raise; and decreased sensation over the bilateral lumbosacral distribution. The physician's requests for treatments were noted to include lumbosacral epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. In this case, the patient's file does not document that the patient is candidate for surgery and that the patient is unresponsive to conservative treatments. In addition, the EMG/NCV study performed on March 24, 2015 did not reveal any evidence of lumbosacral radiculopathy or peripheral neuropathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Epidural steroid injection at L5-S1 is not medically necessary.