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| <b>Case Number:</b>   | CM15-0125936 |                              |            |
| <b>Date Assigned:</b> | 07/10/2015   | <b>Date of Injury:</b>       | 12/27/2007 |
| <b>Decision Date:</b> | 08/06/2015   | <b>UR Denial Date:</b>       | 06/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2015 |

### 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 62 year old female, who sustained an industrial injury on 12/27/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having sciatica. Treatment to date has included lumbar epidural steroid injections in 2013 with benefit and improvement in her pain and medications. Currently, the injured worker complains of pain in her low back, left leg, and right neck and shoulder. Pain was not rated. Exam of the lumbar spine noted tenderness, positive straight leg raise test bilaterally, and weakness and decreased sensation along the left L4-5 dermatome. She was to continue Norco, Neurontin, Xanax, Lidoderm, and Soma. Her work status was not documented. The treatment plan included a lumbar epidural steroid injection to decrease pain and avoid escalation of pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI; level not specified (Epidural steroid injection):** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar ESI is not medically necessary.