

<b>Case Number:</b>	CM15-0026090		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: California  
Certification(s)/Specialty: Internal 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 52 year old male, who sustained a work related injury on 7/30/03. The diagnoses have included lumbar spondylosis, central annular tear and lumbar spine strain. Treatments to date have included MRI lumbar spine, X-rays lumbar spine, 12 sessions of physical therapy and oral medications. In the Orthopedic PR-2 dated 1/12/15, the injured worker complains of some back pain. He has some decreased range of motion in low back area. He states that he is getting some benefit from physical therapy. On 2/3/15, Utilization Review non-certified a request for lumbar epidural steroid injection at L4-5. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbar Epidural Steroid Injection at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The orthopedic surgeon's progress report dated 1/12/15 documented subjective complaints of back pain. Physical examination demonstrated slightly restricted motion of the lumbar spine. Toe and heel walking was normal. The patient stands with level pelvis and shoulders. Gait was normal. Lumbar epidural steroid injection at L4-L5 on the left was recommended. Radicular pain was not documented. Radiculopathy was not documented on physical examination. Per MTUS, criteria for the use of epidural steroid injections requires that radiculopathy must be documented on physical examination. Radicular pain was not documented. Radiculopathy was not documented on physical examination. Therefore, the request for lumbar epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for lumbar epidural steroid injection is not medically necessary.