

<b>Case Number:</b>	CM15-0063950		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, Michigan, 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 50 year old male, who sustained an industrial injury on November 4, 2013. He reported back pain. The injured worker was diagnosed as having lumbar spine radiculopathy, sacroiliitis, degenerative disc disease lumbar and lumbar spondylosis. Treatment to date has included diagnostic studies, epidural steroid injection and medications. On January 12, 2015, the injured worker reported about a 50% decrease in his back and leg pain since his first epidural steroid injection. He stated that he goes several days at a time without much pain but then still has occasional bad days. His current pain was noted to be in his back and no changes were noted. The treatment plan included a repeat epidural steroid injection in hopes of further decreasing his pain and allowing him to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second lumbar epidural injection at L4-L5-L5-S1, under anesthesia with fluoroscopy:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Esis.

**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, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, Second lumbar epidural injection at L4-L5-L5-S1, under anesthesia with fluoroscopy is not medically necessary.