

<b>Case Number:</b>	CM15-0072094		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 42 year old male patient, who sustained an industrial injury on January 1, 2014. He sustained the injury due to lifting a box. The diagnoses include lumbar radiculitis, lumbar sprain/strain, and neuritis/cervical sprain/strain. Per the doctor's note dated 3/9/2015, he had complains of bilateral neck pain with numbness of the left arm; low back pain with bilateral leg numbness. His pain was rated 8 on a visual analogue scale. The physical exam revealed altered sensation of left upper extremity to the hand, a decreased left bicep deep tendon reflexes, and +4 strength in left arm flexion. The medications list includes ibuprofen, robaxin, tylenol#3 and butran patch. He has had PM&R consultation on 10/30/2014. He has had lumbar MRI on 5/7/14 and 10/14/14, which revealed 2-3mm disc protrusion at L4-5 with annular fissure; EMG/NCS lower extremities dated 1/30/15, which revealed normal findings. He has had physical therapy, chiropractic therapy and electrical stimulation units for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

**Decision rationale:** Request: Lumbar Epidural Steroid Injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Patient had low back pain with bilateral leg numbness. He had EMG/NCS lower extremities dated 1/30/15, which revealed normal findings. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electrodiagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy (anticonvulsant or antidepressant) is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Lumbar Epidural Steroid Injection is not fully established for this patient. The request is not medically necessary.