

<b>Case Number:</b>	CM15-0075112		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 75 year old male who sustained an industrial injury on 7/2/09 after lifting a heavy box experiencing immediate groin and low back pain. He was medically evaluated two days later, received x-rays and was diagnosed with and inguinal hernia. He had a hernia repair. He received medications, physical therapy and MRI in 4/10. He currently complains of sharp, shooting low back pain (7/10) and right greater than left leg pain (6/10) with back spasms/ numbness and bilateral leg spasms/ numbness/ weakness and cramping. On physical exam of the lumbar spine there was mild tenderness on palpation with decreased range of motion. Lasegue's and straight leg raise were positive on the left. His activities of daily living are compromised due to weakness and pain specifically he has difficulty with coordination, lifting, sex, gripping, cooking shopping, exiting a car and sleeping. Medication is Advil. Diagnoses include depression; lumbar herniated nucleus pulposus; lumbar pain; lumbar radiculopathy; lumbar sprain; sciatica. Treatments to date include non-steroidal anti-inflammatories which were ineffective; yoga and physical therapy which were ineffective; two lumbar epidural steroid injections which provided 2-3 months of 70% relief; lumbar brace; exercise. Diagnostics include MRI of the lumbar spine (8/29/11) showing lumbar spinal stenosis with moderate disc protrusions. In the progress note dated 3/1/15 the treating provider's plan of care includes a request for lumbar epidural steroid injection to address the persistent low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-L5: 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. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injections. There is no documentation of functional improvement and reduction in pain medications use. Therefore, the request for Lumbar epidural steroid injection at L4-L5 is not medically necessary.