

<b>Case Number:</b>	CM14-0155315		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in General Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old male was injured 6/11/12. The diagnosis is chronic lumbar strain/sprain. This review is limited to the back. The patient has had left shoulder arthroscopic surgery. He complained of pain at a 5 when active. On examination there was tenderness at the L4-5 level and the neuro examination was reportedly within normal limits per the progress note of the requesting provider on 8/19/14. The patient was referred by the requesting provider to Pain Management for an L4-5 epidural steroid injection.

### 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 L4-5: Upheld**

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

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

**Decision rationale:** Per MTUS, "Epidural steroid injections are recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most current guidelines recommend no more than 2 ESI injections. Radiculopathy must be documented by physical examination and corroborated by imaging

studies and/or electrodiagnostic testing." Radiculopathy documented on physical examination and corroborated with imaging and/or electrodiagnostic studies must be identified to establish medical necessity for an epidural steroid injection. Such is not the case here. Therefore, the request for a lumbar spine epidural steroid injection is not medically necessary.