

<b>Case Number:</b>	CM13-0031366		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

### 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 patient is a female who reported an injury on 06/25/2008. The patient's diagnoses per the application for independent medical review were noted to be sprain of neck and sprain of lumbar spine. There was no clinical documentation submitted for the review. The request was made for a referral to a pain management specialist for a right C5-6 transforaminal epidural steroid injection and a right L4-5 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient referral to a pain management specialist for a right C5-C6 transfacet epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** California MTUS guidelines recommend for an Epidural Steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. There was a lack of physical examination, imaging studies and documentation of conservative care as there was a lack of clinical documentation that was submitted. Given the

above, the request for outpatient referral to a pain management specialist for a right C5-6 transfacet epidural steroid injection is not medically necessary.

**Outpatient referral to a pain management specialist for a right L4-L5 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** California MTUS guidelines recommend for an Epidural Steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. There was a lack of physical examination, imaging studies and documentation of conservative care as there was a lack of clinical documentation that was submitted. Given the above, the request for outpatient referral to a pain management specialist for a right L4-5 transforaminal epidural steroid injection is not medically necessary