

<b>Case Number:</b>	CM13-0042023		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Occupational Medicine 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:

The patient is an employee of the State of CA - IHSS and has submitted a claim for neck and back pain with an industrial injury date of August 15, 2011. Treatment to date has included oral and topical medications. The utilization review from October 2, 2013 denied the request for C5-6 and L5-S1 epidural steroid injections because there were no examination and diagnostic findings indicative of upper or lower extremity radiculopathy. Another utilization review from December 12, 2013 denied the request for outpatient L5-S1 bilateral selected transforaminal epidural steroid injection for the same reason. Medical records from 2013 were reviewed, which showed that the patient complained of neck and back pain and is currently not working. On physical examination, the patient had decreased cervical extension. Her upper and lower extremity motor and sensory exams were grossly intact. Sciatic notch tenderness was present. She also had a grossly positive left sided Slocum's test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6 AND L5-S1 EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Epidural Steroid Injections.

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

**Decision rationale:** According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injection is supported in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there were no physical examination findings or imaging or electrodiagnostic studies which documented the presence of radiculopathy. In addition, the medical records did not report whether the patient has been unresponsive to medications and whether conservative treatment has been exhausted. Furthermore, the current functional status of the patient is unknown and there was no discussion concerning the indication for this request. Therefore, the request for C5-6 and L5-S1 ESI is not medically necessary.